

Intrapsychic dimensions of addiction: The wearing down of help seeking capacities by cruel and tyrannical objects

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ABSTRACT

Research had two aims: firstly, to explore the clinical observation that dependent drug users are often apparently unwilling, or are unable to reflect in any depth on experience, including thinking about mental states in self and other. Secondly, to consider the intrapsychic elements that exist alongside, and which may motivate drug addiction (including heavy and dependent alcohol use).

34 drug users were interviewed using the Adult Attachment Interview, and interviews coded for Reflective Function (RF), an objective measure of the capacity to mentalize. Low RF was identified across the sample. Data from Adult Attachment Interviews also revealed that a climate of violence and/or cruelty, deprivation and a lack of basic care nearly always precede chronic drug or alcohol addiction. I suggest that as a result of this the individuals interviewed had minimised thinking about their own & others' states of mind.

Ten of the sample were then interviewed twice more using a research interview based on the clinical psychotherapeutic interview, which explored internal dynamics and object relational aspects of participants' narratives. The data obtained revealed the presence of two kinds of internal object relating in a very specific way. A cruel, bullying, depriving object was found to dominate, and to severely restrict access to, a much weaker, though potentially helpful internal object. There was an over-reliance on the dominant bad object which was felt at one time to have saved the addict from unbearable psychic pain, but had then demanded he turn forever away from human help, denying the need for this or indeed any vulnerability or 'weakness'. Whilst intoxication was initially found both to help the addict sustain this position, and to obliterate psychic pain, ongoing addiction actually cemented the dynamic described, and further inhibited access to helpful, human objects.

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INTRODUCTION

Despite the attempts of successive British governments since the late 1950's to curtail the influx of illegal drugs into the UK, as well as to reduce their abuse and associated harm, illicit drug use has increased exponentially since that time. Though this growth is inextricably linked to the rise of youth culture as well as to greater economic freedom and globalisation, drug addiction, "the biggest public and mental health problem of our time" (Khantzian, in Blaine and Julius, 1977, p.xi), is not explained by these factors. Yates (2002) and Winship (2008, unpublished) have documented UK trends in drug use and reactive (and largely failed) legislative attempts to control it, and in order to contextualise the present research, I shall say something briefly about these. However, this research is an attempt to understand particularly the intrapsychic dimensions of drug addiction. As such, having considered the route through to contemporary drug problems and treatment, it will focus primarily on individual and internal rather than societal or other external factors that frequently exist alongside addiction.

The UK drug scene

Up to the early 1950's morphine was the UK's most readily abused narcotic, and whilst it had been the preserve of a small group of middle class users who procured supplies from a few now notorious London based doctors (Yates, 2002), by the middle of the decade this situation had begun to change. Still confined but growing heroin, cocaine and cannabis use had begun to be linked to the London Jazz music scene, and by the end of the 1950's thefts of heroin and cocaine from hospital dispensaries and pharmacies showed that these were more in demand than morphine and other tranquilisers. Burroughs' 1953 novel *Junky*, and the later film *Drugstore Cowboy*, set in 1971, both documented how groups of drug users in the US fuelled their habits in this way. It was however the 1960's that saw the UK's first post-war drug craze, when use of 'purple hearts', a combination of amphetamines and barbiturates, became widespread amongst young people. Though banned in 1964, amphetamine use continued to rise throughout the 1970's and what had been a phenomenon linked to Mod culture became one that was part of the Punk Revolution.

The 1970's also saw hallucinogenic drug use reach its height. Interest within the psychiatric community since the 1950's had centred on the potential of LSD alongside psychotherapy to bring about personality change, and this had caught the attention of number of intellectuals who used it in the service of spiritual and creative development, yet this interest in turn saw LSD become part of a much bigger countercultural movement that itself began to wane by the mid 1970's. Whilst stimulant has not disappeared from use since this time, it wasn't until the late 1980's that the next major drug craze took hold. A central component of rave culture, Ecstasy use reached its peak in the mid 1990's. Heralded as a modern social lubricant capable of breaking down interpersonal barriers, between 1990 and 1995 its use increased by four thousand per cent (Holland, 2001), so that it was estimated that by the mid-nineties some one and a half million Ecstasy pills were consumed each weekend. Ketamine and cocaine often accompanied its use, which seemed largely to be able to be constrained by most to recreational use. Heavy use of all of these drugs may of course produce psychosis, as well as innumerable and serious psychological, developmental and relationship difficulties. Yet perhaps with the exception of cocaine, recreational users of all the above drugs have seemed to grow out of their habits. Their use does not appear ordinarily to lead to the same level of social or health problems, or to criminal involvement, as does use of heroin and particularly crack cocaine. Even cannabis use, which has grown steadily since the 1960's and is feared by many to be a 'gateway drug' with the potential to unleash serious underlying mental illness, has not been targeted by politicians or drug services with the same vigour as have heroin and crack.

The huge influx of smokable heroin onto Britain's streets in the later 1970's and 1980's saw heroin use skyrocket, and led to an epidemic from which the UK has not recovered. Home Office records show that the number of known heroin addicts rose from 2,400 in 1979 to 18,000 in 1990, and though by the 1990's many young people had been turned off heroin use by its 'junkie' tag, the number of recorded users had risen to 45,000 in 1996. In the latter half of the 1990's crack cocaine, and the violence which often accompanies its procurement and use, first made an appearance. Today heroin and crack are frequently used together, heroin to 'come down' from a crack high. It is estimated that there are some 320,000 heroin and crack users in the UK today, and since these figures are obtained only from criminal justice sources, contact with which many users manage to avoid, they may well underestimate the true number of users. Whilst addiction may transcend class barriers it is also true that it has spread most virulently in deprived areas of inner cities, and today heroin

and crack use are together inextricably linked there and in wider society with crime, violence, poverty and deprivation. It is fair to say that the 'war on drugs' has been directed at these drugs.

Legislative and treatment approaches

Early concerns about the rise in illicit drug use included those about the supply by a small number of London based doctors of narcotics to addicts, yet government investigation into such practices in the late 1950's concluded that the curbing of the activities of such doctors was not necessary. Indeed the prescribing of drugs to tackle drug dependency was felt to have potential. There was some revision of thinking in the later 1960's, but only in the sense that licences to prescribe cocaine and heroin were required, and these were granted mainly to psychiatrists working in Drug Dependency Units. When in the 1980's the HIV/AIDS epidemic was linked to contemporaneously increasing intravenous drug use, harm reduction as well as substitute prescribing became the focus of drug treatment, and hard-to-reach intravenous heroin users were tempted into treatment by the prescription of Methadone by Drug Dependency Units.

Methadone Maintenance Programmes were particularly successful in recruiting from this group, if they have been criticised for maintaining many such patients on a stable dose of methadone over decades. A medical approach has thus dominated substance abuse treatment. Though in recent years legislation (2007) has forced drug services to titrate rather than maintain drug users on methadone (and more recently on Subutex), and to support this through the provision of talking and motivational therapies, it seems that amongst drug users, if not within services themselves, a culture of medicating remains. In summary, there is a situation at least in the UK where substitute prescribing has taken precedence over the provision of psychotherapeutic interventions in the treatment of drug addiction. Drug services remain focused on doing something about, rather than on thinking in any depth with drug users about their addictions, and have neglected to address the mental pain, associated with traumatic early experiences of abuse and neglect, that is concomitant with drug addiction, and from which drugs provide temporary relief.

This research was borne out of ten years of psychotherapeutic work with drug and alcohol addicted individuals who sought help to manage or overcome their addiction to substances. These individuals attended a community based, voluntary sector drug and alcohol service and, typically though not always, they sought help in the form of substitute prescribing. Many seemed not to want to think about the mental pain that accompanied and frequently preceded their substance use, though this was always in evidence during history taking. Despite an apparent unwillingness to think about their difficulties however, it was often a requirement of the agency from which they sought help that such patients engage in a form of talking therapy alongside receiving a 'script'. I therefore saw many reticent individuals who regarded with suspicion any professional they felt posed a threat to *their* relationship to *their* substance of choice; indeed anyone who appeared interested in their mind or way of thinking. Even where individuals had come wanting to gain some control over their addiction, they wanted to gain this in very particular ways, which they had chosen, and often with minimal consideration of what really motivated their drug taking.

Not all patients were like this, but it was the case for a good number of them that they both desperately wanted help, and could not accept it. It was, I felt, as if there was an internal prohibition to accepting human help. When I came to understand more about the histories of these patients, which were typically characterised by trauma, abuse and neglect, this was more understandable. They had so often not received help to bear everyday disappointments, let alone the devastating effects of the trauma to which they were more routinely exposed (often by the adults who might have provided such help), that they had determined not only not to ask for or accept help, but to deny any need for help in the first place. For some of these individuals sustaining a relationship with a professional person offering help proved extraordinarily difficult.

However, some patients, where they were helped to think about the motivations for their drug use, clearly wanted to use the opportunity to consider their difficulties and the roots of their drug and alcohol use. They found that surprisingly this could bring relief, even if it was, at times, incredibly painful. The experience of an ongoing relationship with another helpful human being was however often completely novel and commitment to such a relationship by the patient demanded phenomenal courage. Such patients had typically never had an opportunity to consider their needs, which they were attempting to meet through their drug

or alcohol use, in the presence of someone who wanted to give individual attention to the way they functioned. Aside from the difficulties patients had in relating to a professional for these reasons however, the idea that there were internal psychological motivations to become addicted was, though often entirely new and frightening, to some interesting and hopeful.

I have said that my work has shown that individuals who are chronically addicted are often apparently unwilling to think about their difficulties, including about their drug or alcohol use, and that this is likely related to difficult early relationships and circumstances in which such thinking was not encouraged. Experience has further revealed however that even where addicted patients are in theory open to considering their experiences and difficulties, many find it extraordinarily difficult to do this. Thinking is often concrete, and the capacity to represent mental states or think about internal emotional life seriously impaired. The development of a capacity to reflect upon mental life, and specifically to interpret action in terms of underlying mental states has been a focus of much recent developmental research. Fonagy (2004) uses the term “mentalization” to define; “the mental process by which an individual implicitly and explicitly interprets the actions of himself and others as meaningful on the basis of intentional mental states such as personal desires, needs, feelings, beliefs and reasons” (p.xxxi). Impairments in mentalizing have been shown to feature commonly in borderline patients (Bateman and Fonagy 2004), and though not explicitly linked to drug addiction, one might wonder whether Bateman and Fonagy’s claim that drug use impedes a capacity to consider mental states, also points to this effect being unconsciously sought by those who use substances heavily. Mentalization is operationalised as Reflective Function (RF), a term which denotes the potential of human beings to reflect upon experience and specifically on their own and others’ states of mind. One aim of this research was to explore whether impaired mentalization, or low RF, was always co-morbid with addiction amongst the sample.

Mentalizing capacities are not universal, and they are also highly context dependent (Holmes, 2005). For example one may be relatively able to mentalize in respect of one’s own declining health, whilst not concerning a parent’s. Or in a given situation a lack of help to manage experience and emotional pain may lead an individual to inhibit mentalizing. Mental pain is limited where mentalizing is inhibited. An individual remains unaware of the harmful

intentions of caregivers where these are not considered (Fonagy, Gergely et al. 2004); it is devastating to a child to realise that those who are supposed to care and protect fail to do this. The neglect, maltreatment or abuse that preceded the drug and alcohol use of the individuals in my sample, one would imagine, would be phenomenally painful to think about. But it also seems necessary to consider what it might be like to reflect upon the motivations of those, supposedly involved with care giving, who perpetrated or were complicit with such neglectful childrearing. Although it was not the aim of this study to show that impaired mentalization precedes dependent drug use, traumatic experiences amongst the sample occurred so early in life that one of the points of debate in the thesis is the pre-determining facet of faulty mentalization in the aetiology of addiction.

The fact that addicted patients often seem unable to think about emotional life has contributed to psychoanalytic treatment not being generally recommended for them (Wallerstein, 1986). Addicts' often demonstrate, particularly early on in treatment, what looks like a lack of interest in, resistance to, or inability to think about experience. However if this is shown partly to consist in an impairment in the area of mentalization, there is evidence that such capacities can be targeted and improved (Bleiberg 2003; Bateman and Fonagy 2004; Allen and Fonagy 2006). An improved capacity to reflect upon experience, including one's own and others' states of mind, and so to learn from experience, has been shown to have predictive specificity: it can guard against the repetition of problematic dynamics in families and between mothers and infants (Fonagy, Steele et al. 1995). Might it be possible to guard against recourse to an addiction in a similar way?

There is much evidence (CSJ 2010) that addiction is linked to poverty, a lack of educational opportunity and other social deprivation, yet human beings differ enormously in terms of how they cope in the face of difficulties, internal or external. Decades of psychoanalytic work (Isaacs, 1948; Klein, 1946; Joseph, 1989; Feldman, 2009) have shown this to be highly dependent on internal resources or objects and internal object relations. Such factors are as critical in understanding what precipitates addiction as any external element. Whilst working at the addictions service I met colleagues who took a "there but for the grace of God go I" approach, but I wasn't convinced by this, or by similar claims by patients that they had developed drug or alcohol problems simply because they were "in the wrong place at the wrong time". There may also be a risk if one ignores internal motivations for addiction, of

diminishing personal responsibility for it, and therefore limiting the chances of assuming a recovery. Burroughs (1953) argued; “You become a narcotics addict because you do not have strong motivations in any other direction. Junk wins by default” (1953, p.xv). I felt this did have a ring of truth about it; the patients I met often had little else going on in their lives and the families and/or sub-communities they came from were deprived in so many ways. But Burroughs is here saying little of the extremely powerful internal motivations in the direction of addiction, or internal factors that contribute to one making choices that are so harmful. The present research shows that there are clear antecedents to the development of addiction: trauma, neglect and abuse were common to the accounts of every participant in this study. It is however the impact of these experiences on the personality that is considered.

Both my clinical work and broader thinking is underpinned by psychoanalytic and particularly by Kleinian thinking (Klein 1935; 1940; 1946; Bion 1962; Joseph 1985). I understand descriptions of experience as given by patients, addicted or not, as revealing facts about a particular patient’s psychic reality, which is as real to him as his external reality. Such descriptions communicate intrapsychic dynamics or conflict that may be traced to very early experiences and relationships. Kleinian analysis particularly has in the clinical setting explored primitive and deeply unconscious areas of mental life, and has shown destructive impulses to powerfully influence psychic development and the structure of personality. The work of Kleinian analysts such as Joseph (1989), Steiner (1993) and Feldman (1989; 2009) has illuminated the inner worlds of patients who are “difficult to reach”, and whose personality organisation means they are often “stuck” or appear resistant to analytic help, as is the case with addicted patients whose difficulties so often seem intractable. Kleinian psychoanalysis has also, perhaps more than any other strand of psychoanalysis, explored the formation and interaction of internal objects (Isaacs 1940; Heimann 1949; Steiner 1982), conceived by individuals as concrete entities in the ego, with a life of their own (Hinshelwood 1989). My research considers in detail the nature of internal objects that are felt by addicted patients to reside inside of them, as well as the complex interactions between these objects, and how these are linked to drug and alcohol addiction.

Particularly in the last two decades psychoanalytic approaches have generally been less deployed in addiction treatment than cognitive approaches, as NICE guidelines demonstrate.

Since during this time drug use has grown to previously unknown levels, it is perhaps inevitable that addiction has been seen in the context of what results from it: crime, social disorder, relationship and family breakdown and so on. Cognitive, behavioural, and pharmacological treatments may be understandably pursued as policy makers attempt to reduce the consequences of addiction. A further explanation for the lack of influence of the psychoanalytic approach however, is that the harmful acting out that frequently accompanies drug and alcohol addiction is so challenging for the professionals involved, that they are prompted to respond with an approach which diminishes the essence of interpersonal relating in favour of a more removed programmatic approach, such as Cognitive Behavioural Therapy.

To summarise, the aims of this mainly qualitative study were twofold: Firstly I set out to determine whether impaired mentalization featured amongst an addicted population of 34. Secondly I wanted to consider the intrapsychic elements of data gathered from 10 of this sample whom I met with three times, the case study subjects. The Reflective Function scores obtained are important empirical data in their own right, yet they also relate in interesting ways to other intrapsychic factors I identify. However, as will be seen, the most powerful data were the case narratives of the ten case study subjects. Their stories are particularly harrowing but highlight in a very simple way the fact that addiction often results because reality becomes too much to bear.

2

LITERATURE REVIEW

2.1 Chapter summary

In this chapter I review the contributions of psychoanalysis to the development of an understanding of addiction, and the contributions of theorist-clinicians working in drug and alcohol services not doing psychoanalysis, but informed by psychoanalytic theory. From its beginnings, psychoanalysis has considered the drive to retreat from reality, and as Freud (1930) noted, substance abuse is an example, par excellence, of this impulse enacted. It is not surprising that whilst a very limited number of analysts have analysed addicted patients, feeling that the enacting of the wish to retreat from reality makes it so difficult to study the urge, most are interested in the central function of addiction. There are however periods of time during which little is published by psychoanalysts on the subject of addictive problems, including an interesting hiatus, at least in Britain, in the 1970's and early 80's when cocaine and heroin addiction were growing dangerously and exponentially. There may have been some 'stopping and thinking' going on in the face of an onslaught of destructiveness and non-thinking. Alternatively, perhaps the most important psychoanalytic contributions to the subject of addiction, such as that of Rosenfeld (1960) had already been made.

The review begins with Freud, Rado, and other analytic contributions from the beginning of the twentieth century when addiction was far less widespread, and indeed cocaine was still legal. The 1940's and 1950's saw no notable psychoanalytic contributions to the subject; the Second World War and subsequent economic hardship initially detracted from intellectual advance in many fields, psychoanalysis being no exception. However as I shall consider, when 1960 Rosenfeld published his seminal paper, "On Drug Addiction", the world was very different to that of the early analysts. Rosenfeld was working with individual patients who had ready access to illicit chemical means of avoiding contact with reality. Addiction was by this time a problem that had begun to pull at the fabric of the social structure and which had to be addressed in analytic work. As I have suggested, the import of Rosenfeld's work perhaps meant there was a period of deep reflection following it. Only some twenty years later did Joseph (1982), a later Kleinian, return to writing about addictive tendencies, sometimes acted out with the help of substances. The review considers Joseph's

contribution, and those of Hopper (1995), McDougall (1984; 1989) and D.Rosenfeld (2006), who have also considered addictive ways of relating.

In the gap between Rosenfeld's 1960 paper and the aforementioned analytic contributions, heroin and cocaine use particularly were becoming more widespread and problematic. Unlike in the UK, in the USA a group of psychoanalysts and other therapists involved in the treatment of drug dependent patients did respond and were influential. They addressed the addiction epidemic not by doing psychoanalysis proper with addicted patients, but through attempting to understand these patients and educate about addiction using psychoanalytic insights, particularly those about affect defence and ego deficit. Whilst there was not the same obvious interest amongst British psychoanalysts, there has been a sustained contribution to an attempt to understand addiction by a number of British clinicians informed by psychoanalytic ideas, and these contributions are also considered.

2.2 Early psychoanalytic contributions

In his *Three Essays on the Theory of Sexuality* (1905) Freud argued that what compelled an individual to seek out a drug was a fixation at or desire to regress to the oral stage of development, in which the satisfaction of oral craving brought pleasure of a sexual kind. Addiction in later life Freud saw as an attempt to recover this earlier oral satisfaction. Freud regarded masturbation as the "primary addiction" and saw that "other addictions, for alcohol, morphine, tobacco, etc., only enter into life as a substitute and replacement for it" (Letter from Freud to Fleiss, 1897, in Levin 1990, p.154). Masturbation in infancy might offer libidinal gratification, Freud attested, but in that it was understood to be forbidden, it was guilt provoking. Anxiety aroused by guilt was in turn eased by masturbation and thus, Freud believed, an addictive cycle was established. Later addictions recapitulated this cycle, and Freud concluded that the compulsion to repeat was influenced by the death instinct (Freud, 1920). As in masturbation, in intoxication one does not relate to an actual person but to oneself, and so again Freud asserted, in intoxication there is a fixation at or regression to a much earlier state in which there is no human object. In *Civilization and its Discontents* (1930) Freud wrote that the primitive state of satiation felt by the intoxicated addict was an omnipotent feeling of "oceanic oneness", and the perfect "restoration of limitless narcissism" (Freud 1930, p.9). Narcotics were a powerful means of mitigating the pain of contact with reality, Freud argued, and as such represented one of mankind's great ills.

Abraham (1908), like Freud, emphasized the pleasurable aspects of drug use, and connected alcoholism and sexuality. He saw that a theory of oral regression, which assumes accompanying sexual satisfaction, was central in understanding addiction. Abraham pointed to the similarity of alcohol intoxication and the warmth and security felt by the sated infant as evidence of this, and further emphasised the intense conflict around repressed homosexuality experienced by drinkers. He noted the frequent expression of homosexual tendencies by intoxicated but usually homophobic men. Men's drinking games for example often seem designed to break down barriers, and the 'stag night' might be seen as a final chance for homosocial bonding before heterosexual marriage. And male drug users commonly experience difficulties in relating to other men, though they experience a very strong wish to be in contact with them (Khantzian, 2010, personal communication).

Rado (1928; 1933), again likening intoxication to sexual enjoyment and orgasm, claimed it was experienced as the original "alimentary orgasm" (Rado 1928, p.313). Early oral satisfaction, the precursor to the genital orgasm, is what the addict craves, Rado postulated;

"There is an essential similarity between an ideal form of intoxication and the terminal pleasure of natural sexual enjoyment, the orgasm" (Rado 1928, p.305)

Simply, Rado stated; "[intoxicants] offer man help and pleasure in his troubles" (Ibid, p.302). The individual turns away from pain and anxiety towards pleasure:

"In the pharmacogenic orgasm the individual becomes acquainted with a new kind of erotic gratification, which enters into rivalry with the natural modes of sexual gratification...once intoxication has become the sexual aim of the individual he...has turned away from the 'reality principle' into the dangerous region of a blind obedience to the instincts" (p. 306)

Rado also appreciated that intoxication was an attempt to modify depression and anxiety. A "tense depression" arose, he argued, following the realisation that the ego is not omnipotent

and cannot be instantly gratified on demand. This depression could be curbed, Rado noted, through drug use, since in intoxication narcissism triumphs once more. In sobriety however the ego appears further weakened:

“...in accordance with the laws of nature, comes sleep, and a gray and sober awakening, “the morning after”. We are not so much referring to the possible discomfort due to symptoms from individual organs as to the inevitable alteration of mood. The emotional situation which obtained in the initial depression has again returned, but exacerbated, evidently by new factors. The elation had augmented the ego to gigantic dimensions and had almost eliminated reality; now just the reverse state appears, sharpened by the contrast. The ego is shrunken, and reality appears exaggerated in its dimensions” (Rado 1933, p.9)

The cycle of elation and depression that characterises the addictive solution Rado saw as mirroring the manic-depressive cycle. Ultimately, all that remains is depression as periods of elation become shorter and shorter.

Rado said that “The psychoanalytic study of the problem begins...with recognition of the fact that not the toxic agent, but the impulse to use it, makes an addict of a given individual” (Rado 1933, p.2), and this remains at the heart of psychoanalytic enquiry into addiction.

Glover’s (1932) work also looked beyond the pleasurable or sexual aspects of addiction, considering that these effects were sought, but primarily as a defence against underlying destructive impulses. Addiction was thus seen as having a progressive rather than regressive function, or as representing an attempt to surmount difficulties with managing aggressive impulses, rather than to regress to an earlier state in which such difficulties did not exist. A preponderance of aggression or sadism, as well as paranoid and psychotic tendencies was noted by Glover; “...in the choice of a noxious habit the element of sadism is decisive” (Glover 1932, p.318). Glover argued that intoxication sometimes gave expression to and even increased the sadistic impulses that motivated addictive behaviour, and that the addict’s obsessive involvement with his substance assisted in his defence against regression to a psychotic state.

Menninger (1938) also emphasized the aggression present in addictive behaviour, and argued that self-destruction was an aim of alcoholism, not a by-product. He pointed to the presence of a strong death drive in individuals who became addicted. Alcoholism, Menninger argued, was a form of chronic suicide, with aggression being directed against the self as punishment for hostile (and so unacceptable) feelings. His emphasis on the role of the death instinct in addiction however, continues to emphasise the regressive function of addiction. Psychoanalysts had to this point, with the exception of Glover, emphasised the unconscious, oral regressive and pleasurable tendencies in addiction.

2.3 A modern psychoanalytic perspective

Following the publication of Menninger's paper, there was a period of over twenty years when psychoanalysts made no significant contributions to the understanding of addiction. During the period, the world changed immeasurably. Initial sober reflection and austerity following the Second World War gave way to growth in many fields, and whilst the advent of radio and television in the 1950's and 1960's respectively spread an associated optimism, globalisation also led to an influx of illicit drugs onto the streets of the USA and the UK of previously unknown proportions. There was further a corresponding increase in the use of pharmaceuticals in psychiatry at this time, and the growth of the illicit drug market in the 1950's and 1960's may be linked to the rise of psychopharmaceuticals. Many drugs which began as prescribed pharmaceuticals, such as benzodiazepines, became street drugs. The problem of addiction demanded attention. In 1960, Rosenfeld's seminal paper, "On Drug Addiction" was published. Rosenfeld (1960) appeared to concur with Glover that drugging was directly related to persecutory anxieties and sadistic impulses:

"The drug is then felt to be a bad, destructive substance, incorporation of which symbolizes an identification with bad, destructive objects which are felt to be persecutory both to good objects and the good self" (p.130)

Drug taking in this way increases the omnipotent power of the destructive drive. When drugging occurs under the dominance of sadistic impulses the addict splits off and denies his good self and his good internal objects and any concern for these. Destructive phantasies can

then be acted out in the absence of a helpful controlling internal object. In such states all progress in treatment and insight is denied. Specifically, Rosenfeld stated; “the patient feels compelled to incorporate [a dead or ill object] out of guilt” (1960, p.143).

Rosenfeld (1960) also likened drug addiction to manic-depressive illness, and saw drug use as an attempt to relieve underlying psychic tension and depressive anxiety. Rather than to achieve a feeling like satiation at the breast as suggested by Abraham (1908), Rado (1928) and Freud (1920), Rosenfeld saw a wish to return to a phase of infancy where the infant used hallucinatory wish-fulfilment fantasies to deal with his anxieties. A drug, Rosenfeld argued, would be used in the same way as an infant uses his thumb or finger to help him hallucinate the ideal breast. Intolerance of depression, Rosenfeld argued, inclined the addict to resort to manic mechanisms of splitting and denial that could only be sustained with the help of drugs. A drug then came to represent an ideal object (like a thumb), creating an idealised experience for the addict in which he was protected from anxiety, depression and persecutory feelings.

Rosenfeld therefore argued that at some times a drug is felt in phantasy to be a bad object, and at others to provide an idealized experience to the addict. He noted the frequent and dramatic oscillation between these two states, and the associated omnipotence as the addict turns to an object felt to be under his control, able to be split according to the quality of an underlying impulse. Rosenfeld said that; “...early envy of the breast plays an important role in the early turning away from the breast to the thumb which is an important factor in the predisposition to drug addiction” (Rosenfeld 1960, p.142). Thus the addict was seen to turn away from a good but sometimes frustrating human object, and instead towards a drug which can more readily be controlled.

As I have indicated, perhaps because of the great advance Rosenfeld made in understanding the intrapsychic factors at play in addiction, no significant psychoanalytic contributions were made in Britain or Europe for a further twenty years. In this hiatus however, many American analysts contributed to an addictions literature influenced less by Kleinian object relations theory, and more by Ego Psychology and then later by Self Psychology. American theorists particularly have considered the developmental impairments and structural deficits experienced by addicts which leave them unable to tolerate or defend against powerful

drives and affect, and searching for alternative, and again, usually non-human means of bolstering the self. The theorist-clinicians whose contributions are discussed below were particularly attempting to understand and manage an exponential increase in the use of heroin and cocaine.

2.4 Contemporary American contributions

Krystal and Raskin (1970) focused on affect development and specifically how in addicted populations the failure to identify affects such as anxiety and depression, which can be useful guides to the ego to defend itself in a particular way, can leave addicts particularly vulnerable to affective flooding. They emphasised that addicts frequently have a “defective stimulus barrier”, and so are unable to ward off painful affective experiences. Drugs are sought since they augment or substitute for the defective or missing barrier. Krystal and Raskin further considered both how trauma, so common amongst addicted patients, causes affects to become de-differentiated, leading to the same problem of identification, and that where parents fail to model effective affect management, individuals also do not learn to differentiate between affects. Heroin, such an effective anaesthetic against painful emotional experience, is then particularly appealing. Failures in respect of affect recognition and defence are taken up time and time again by later authors (Wurmser 1974; Khantzian 1985; McDougall 1989), and the advent of Self Psychology does much to explain these.

Kohut (1971) opens this chapter, emphasising the narcissistic damage or internal-structural deficits that derive from failings in early caregiving, usually the sudden or too early and catastrophic loss of the mother. Although he did not explore addiction specifically, Kohut observed that such damage frequently accompanied addictive problems. He saw that individuals were traumatised where they had been unable to internalize a basically empathic mother who could help them manage emotional experience and adequately stimulate or moderate the frustration to which they were exposed. Such traumatising, Kohut argued, left gaps in psychic structure which meant such individuals were poorly equipped to cope with the everyday stresses and strains of life, let alone the more serious abuses, deprivations and conflicts typically encountered by addicts.

Kohut argued that internal deficits could lead to narcissistic functioning. An individual thus affected would give up trying to relate to a human object because of massive disappointments in such objects. Drugs would be assumed less as object substitutes than as substitutes for deficits in psychic structure. They became what Kohut called “selfobjects”, pseudo objects recognised solely for the function they provided, which was always to shore up the self in some way. The merging with a selfobject that is achieved when a drug is concretely ingested was felt to symbolise a merging with mother that was never experienced. However because a selfobject was not a true object, it could not be genuinely incorporated into the ego, so structural deficits remained.

Kohut’s (1971; 1972) work with narcissistic patients also pointed to the predominant role of aggression in addictive behaviour. The failings in early care-giving that might leave deep injuries led Kohut to consider that addicts, and other narcissistically damaged individuals, would be prone to what he termed “narcissistic rage”:

“The need for revenge, for righting a wrong, for undoing a hurt by whatever means and a deeply anchored, unrelenting compulsion in the pursuit of all these aims which gives no rest to those who have suffered a narcissistic injury – these are features which are characteristic of the phenomenon of narcissistic rage in all its forms and which set it aside from other kinds of aggression” (Kohut 1972, p.380).

The response of rage was felt to be less to do with a predominance of destructive impulses, or of death drive, but rather as resulting directly from traumatising experiences with caregivers. One might also expect that under such conditions there would be a massive repression of needs, another feature of narcissistic individuals that Kohut signals.

Kernberg (1975) also saw addiction as a manifestation of narcissistic disturbance caused by early failings in caregiving, though he did not explore addictions specifically. Kernberg saw that the caregivers of narcissistic individuals had typically failed to foster dependency in their children. He also considered that intoxication could represent a merging with a forgiving parental object, as well as generating all good self and object images.

Wurmser (1974; 1977; 1984), though he also acknowledged the narcissistic damage common amongst addicted patients, considered the psychic conflict at the root of addiction. A narcissistic crisis results, he argued, not as Self Psychologists claimed because of self-deficit, but from cruel treatment by a harsh superego. Addiction then enables an overthrow of the superego, which has demeaned any idealized self or object, so that a drug instead is adopted as an ideal object. Wurmser envisaged that the idealized experience of the drug offered protection against the affective experiences that the drug addict so often found threatening and overwhelming. The addict suffers a “defect of affect defense”, Wurmser argued (1974, p.829).

The result of the overthrow of a harsh superego, Wurmser claimed, was not just the obliteration of the superego’s punitive aspects, but all of the functions it provides, including its ability to stabilise emotional experience and monitor and protect the ego. As such, in the process of overthrowing the superego, the addict lost at least part of his capacity to be self-reflective. Further, the complete expulsion of the superego by its projection outwards typically results in the addict feeling persecuted from without, by structures/institutions outside of the self, by authority for example, or simply by close relationships which are felt to constrain the addict. This results in the kind of isolation typically experienced by dependent drug users, which is more usually attributed to involvement in marginal or criminal sets or activities. For Wurmser, severe early trauma (such as the witnessing and experiencing of violence, sexual abuse, and abandonment) is central to the development of this state of affairs. Wurmser’s consideration of the internal object dynamics experienced by addicted individuals stands out amongst the American contributions to the literature in its intrapsychic focus. Wurmser’s observation that the ego is demeaned and weakened by a hostile superego in intoxication has resonance with the foregoing research.

Khantzian (1974; 1978; 1983; 1985; 1997; 1999), psychoanalyst and prolific author on the psychodynamics of addiction, and a contemporary and colleague of Wurmser, returned however to seeing addiction as a response to structural deficit, de-emphasizing the role of intrapsychic conflict. Following Kohut (1971) and Kernberg (1975), he considered that addicts use substances in order to make up for gaps in psychic structure, and to substitute for missing ego functions. For example, Khantzian & Mack (1974) and Khantzian (1978) considered the impaired or lacking self-care functions displayed by addicts whose behaviour

was self-destructive. Rather than being determined by addiction, addicts are seen to be dispositionally unable to take better care of themselves. There is a deficit in respect of this capacity. Echoing Kohut, Khantzian saw such deficits as resulting from failures by caregivers:

“I shall stress how much of the addict’s self-disregard is not so much consciously or unconsciously motivated, but more a reflection of deficits in self-care functions as a result of failures to adopt and internalise these functions from the caring parents in early and subsequent phases of development” (Khantzian 1978, p.194)

Khantzian noted that addicts, because they lacked this self-care function, were almost predisposed to fend off help. The addict’s need for help was totally outside of his conscious awareness, so that when he rejected help he did not consider that he “trusts his solutions more than ours” (Khantzian 1978, p.197), rather he felt he did not need help. Khantzian noted the associated frustration of professionals whose attempts to help can be entirely disregarded.

Substances, Khantzian argued, both repair a sense of self and mediate affective experience. Khantzian (1974) pointed, as had Kohut (1971), specifically to the aggression that results from self-deficit, but also, like Glover (1932), to the preponderance of aggressive impulses and failure to manage these that predates much substance abuse. Khantzian saw opiates particularly, with their “antiaggression action” (Khantzian 1985, p.1260), as powerfully reversing the disorganizing effect of rage on the ego. In all of these ways, the addict self medicates, Khantzian argued, hence his name has become synonymous with the “Self Medication Hypothesis” of addiction.

Khantzian, alongside other authors (Wieder and Kaplan 1969; Krystal and Raskin 1970; Milkman and Frosch 1973), further considered what prompted a drug user to select one drug over another. He noted that particular substances had pharmacological properties that could regulate particular affects. For instance, opiates were most likely taken because they could attenuate feelings of rage or violence, alcohol because it could relieve feelings of isolation, emptiness and anxiety, and stimulants because they could augment hypomania, relieve depression or counteract hyperactivity and attention deficit. Khantzian’s (1978; 1985)

hypothesis was further evidenced by Milkman and Frosch (1973) who showed how heroin and amphetamines were used to manage very different affective states, rather than being chosen at random. The pharmacological effect of a drug, they argued, appeared to strengthen defences that were already employed by drug users to protect the ego against intolerable anxiety. For example, they stated;

“[t]he heroin addict who characteristically maintains a tenuous equilibrium via withdrawal and repression bolsters these defences by pharmacologically inducing a state of decreased motor activity, under-responsiveness to external situations and reduction of perceptual intake” (Milkman and Frosch 1973, p.246)

Khantzian drew attention to Woody et al’s (1975) research in a placebo controlled trial in which heroin addicts were prescribed anti-depressant medication which reduced their opiate use commensurate with the lifting of depression. Khantzian and Treece later (1985) reviewed three samples comprising 133 drug addicts, over 60% of whom were depressed according to DSM-III criteria, and over 65% of whom were deemed to be experiencing a range of personality disorders. They argued:

“Rather than simply seeking escape, euphoria or self-destruction, addicts are attempting to medicate themselves for a range of psychiatric problems and painful emotional states. Although most such efforts at self-treatment are eventually doomed, given the hazards and complications of long term, unstable drug use patterns, addicts discover that the short-term effects of their drugs of choice help them to cope with distressful subjective states and an external reality otherwise experienced as unmanageable or overwhelming” (Khantzian and Treece 1985, p.1263)

Wurmser (1974) had also viewed the choice of drug as dependent upon its influence on the most troubling affect: narcotic use for reducing or eliminating rage, shame and feelings of abandonment, and amphetamines and cocaine for giving a sense of grandeur, defending against underlying depression.

Krystal (1978; 1982) explored the prohibitions applied by primary objects: the giving to the self of comfort for example, or the accepting of help from others, without, or from more supportive objects within. A drug, Krystal argued, acts as an external soothing agent where there is an internal prohibition against soothing oneself. Again, because there has been no incorporation of a human object that can support and nurture the addict, his drug remains, as Wieder and Kaplan (1969) called it, corrective and prosthetic. Krystal points to a particular kind of internal object which is depriving and even cruel, and which forbids use of other, potentially helpful objects.

In an account of an eight-year analysis with an alcoholic patient who overcame his addiction, Johnson (1992) observed how his patient was eventually able to return to controlled drinking. Johnson's account of the psychoanalysis of "active alcoholism" is, as Johnson himself notes, original in the psychoanalytic literature, although many of Johnson's observations confirm prior formulations about the psychodynamics of addiction. The patient, Mr A, is for example shown to struggle inordinately to tolerate emotional states (Krystal and Raskin 1970; Milkman and Frosch 1973), or to regulate his impulses, particularly aggressive impulses (Glover 1932; Khantzian 1985).

Fenichel (1945) had famously recalled the assertion that "the superego is soluble in alcohol" (p.379), and Johnson argued that by means of his addiction Mr A was freed of the control of his own superego. Johnson described how he as analyst was made by his patient into a punitive, forbidding object who attempted to control the patient's drinking, which left the patient free of his own concerns about or wishes to control his drinking. Johnson showed that in the course of his treatment Mr A began to reclaim his own split off ego aspects, and to own concern about and modify his drinking behaviour:

"When I contained my countertransference urges to make suggestions, [Mr A]...continued his associations without my judgement or conclusion, allowing him to reclaim his observing ego and preventing my re-enacting his original experience of having someone take over. Instead, denial was undercut when I served as a stimulus to his own autonomous reality testing about drinking. When he told me about the pleasures of drinking, my lack of intervention allowed him to continue his associations until he reached the painful consequences" (p.114)

Johnson recalled that Mr A was full of violent dreams and fantasies of killing and maiming. When angry with his mother, who was “prone to throwing tantrums”, on turning to his father Mr A’s father would say: “you’re not angry with your mother” (p.113). Otherwise both parents would laugh at Mr A. The refusal of Mr A’s parents to acknowledge and tolerate his aggressive urges left Mr A unable to accept and tolerate them. Mr A did not internalise this regulatory capacity of a parent, so that he could eventually assume this capacity himself. Instead having had the nature of his urge denied; “you’re not angry”, Mr A’s alternatives were; “clinging submission or being out of control like a mafia killer” (p.115). Johnson also noted the absence in Mr A of good, solid internal objects to turn to, which increases his recourse to alcohol as an internal support. Mr A’s abandonment fears as well as his experience of his analyst as a hateful, punishing object, are cited as evidence for this.

Finally, Johnson reported the extraordinary ambivalence his patient felt concerning his need for others, based on his experience of parental objects which were either abandoning or demanded that Mr A attend to their needs. Johnson noted; “The former is the ultimate terror, and the latter fills...[the child] with rage at having to complete his parent rather than be helped as the child” (p.120). The symbolic merging with and separation from alcohol represented, Johnson argued, Mr A’s fixation at a separation-individuation phase which he had never been able to successfully negotiate.

Finally, also influential in addictions treatment is Flores’ (1988; 2004) use of Attachment Theory to highlight the relational difficulties typically experienced by addicted individuals. Flores has particularly emphasised the value of group psychotherapy in addictions treatment, and has shown how psychodynamic and Twelve Step approaches may be accessed simultaneously by those in recovery. Both provide opportunities for meaningful human relationships to develop in place of destructive and dehumanising attachments to substances.

2.5 Other contemporary psychoanalytic contributions

The first British and European publications by psychoanalysts on the subject of addiction appear some thirty years after the publication of Rosenfeld’s (1960) paper. Kleinian analysts then began to consider not drug addiction specifically, but addiction to a way of psychic

functioning that is common amongst addicts. They consider the particular interactions between internal objects, as felt in the transference, which often cause patients to be “stuck” in their analytic treatment and determined to prevent growth and development. Joseph (1989) described the self-destructive tendencies of a group of patients, some of whom were addicted, who maintained such a position using a psychological mechanism she called chuntering, or not-thinking. Joseph argues that such patients experience:

“...not a drive towards a Nirvana type of peace or relief from problems, and it has to be sharply differentiated from this...The pull towards death and despair in such patients is not...a longing for peace and freedom from effort; indeed, as I sorted out with one such patient, just to die, although attractive, would be no good. There is a felt need to know and have the satisfaction of seeing oneself being destroyed” (Joseph 1982, p.449)

Joseph emphasised the aggression at the root of this, and as such seems to develop a line of thinking initiated by Glover in respect of addiction. Joseph noted the evocation of a sense of futility and meaninglessness in the analyst: “I think we have here a type of projective identification in which despair is so effectively loaded into the analyst that he seems crushed by it and can see no way out” (Ibid, p.452). The patient destroys the analyst in this way, and is then able to internalise a despairing analyst so that his unconscious self-destruction can continue unchallenged. The patient has recreated through projection into the analyst an object relationship which has the analyst colluding with the patient in their denial of life. Addiction then is to a state of mind in which relationships and links between thoughts are destroyed, so that thinking itself cannot go on. Externally lives are hopeless and behaviour destructive, but this is the concomitant of an internal situation in which the patient sees himself as unable to be helped, and experiences a sense of triumph where the analyst concurs with his position. Joseph (1982) argued:

“[Such patients] feel in thrall to a part of the self that dominates and imprisons them and will not let them escape, even though they see life beckoning outside” (p.451)

A dominant object, or group of objects ensures the continuance of a way of thinking which is sado-masochistic, cruel, humiliating, but which it finds exciting. Joseph’s later work (1989)

has considered further the dominance by these objects of weaker, but potentially helpful and growth encouraging objects, and again though not addressing addiction per se, Joseph contributes much to our understanding of the intrapsychic foundations of chronic and intractable conditions such as drug addiction.

McDougall (1984; 1989) also reported on the clinical challenges brought by psychoanalytic patients who demonstrate addictive ways of thinking and relating which aim at obliterating psychic pain. McDougall found that such functioning typically became dominant in the absence of a capacity to differentiate between or tolerate various types of affect. She further pointed to the “death seeking factors” in such patients who aim “to freeze the current of life” (1989, p.100) as a defence against reality which is felt to be so disturbing. Such patients may become addicted to their psychoanalytic experience, using the analyst as a drug, sometimes to soothe, but often to master or attack. Such patients are determined, McDougall argued, to prevent more life-giving contact with the analyst. McDougall pointed to the absence in such patients of an adequate father object which could be identified with in the absence of a helpful internal mother. The severely compromised paternal function of fathers of addicts was also identified by Graham and Glickauf-Hughes (1992) and de Paula Ramos (2004), who noted that where a father may have facilitated separation-individuation from the mother object, this often did not happen in the case of many drug addicted patients. This is particularly problematic where there are symbiotic or fusional object relations with mother (again, more likely where paternal function has been impaired), again as are typically found in drug addicts (de Paula Ramos 2004).

Hopper (1995) was less inclined to explore the nature of object choice, and was more concerned with feeling states. He considered the function of addiction as ‘a defence against depression’ (p. 1127). Rather than the pharmacological effects of a drug providing the excitement that could defend against depression however, Hopper saw that the excitement generated by the addictive choice, behaviour and associated phantasies did this. Hopper (1995) has further considered the violent and sadistic fantasies enacted by cocaine addicts who are able to attribute responsibility for such fantasies to their drug, where in reality such fantasies are just able to be given expression in intoxication. Cocaine, Hopper stated:

“...tends to produce fantasies with paranoid and violent themes and images, giving rise to the defensive search for further themes and images of sexual activity in the service of soothing and healing the self and others who have been damaged by the initial fantasies of violent destruction...Heroin, in contrast, tends to produce a sense of merging, oceanic bliss, totally acceptable passivity and receptivity, a sense of being a peaceful female and infant, and of being a baby at the breast following a good feed, having facilitated the obliteration of all objects and/or their parts who are perceived to stand in the way of attempts to fuse and confuse one’s self with those who are craved” (Hopper 1995, p.1131)

Hopper’s paper points to the destructive impulses that often disturb addicted individuals, and he imagines the presence of violent and cruel internal objects which are felt to be controlled to an extent by the ingestion of a substance.

Williams (1998) further explored the violent fantasies, sometimes acted out, of drug-addicted patients. He described Patient C, closely identified with an internal image of a drug-addicted mother he could not detoxify. Williams explained; “I think that she constituted for him what for Coleridge was the seductive, menacing nightmare Life-in-Death figure who “thicks man’s blood with cold” ” (Williams 1998, p.247). Whilst this patient awaited psychoanalysis with a colleague of Williams’, and following an apparent early improvement, via telephone Patient C threatened to “blow his brains out” if Williams could not get to him within forty-five minutes. Though eventually persuaded to instead come to the clinic where Williams would see him, later the telephone call came from the patient’s father who informed that his son had indeed “blown his brains out”. Williams commented:

“Here was a savage, lethal counterattack by an intrapsychic, pathological organisation galvanized by the death instinct, determined to annul and prevent forever any improvement” (Williams 1998, p.247)

Such a response to improvement or growth points to an intrapsychic situation in which development is prohibited by objects, as Joseph (1982) had described. When internal objects

are organized as Williams described, they demand to be obeyed, and in that they are under the sway of destructive impulses, this situation is extremely dangerous.

David Rosenfeld (2006), an Argentinean analyst, considered this dangerous situation further. He argued that addicts are often very strongly identified with a dead internal object, and considered that the excessive risk-taking associated with dependent drug use aimed at helping the addict to feel alive:

“...they defy death; if they survive they feel as if they have been remarkably resuscitated” (p.79)

Addicts may also, David Rosenfeld claimed, seek out drug sensations which envelop and protect the ego; such sensations are felt to hold the addict together, sealing holes in the body through which, the addict fears, the ego might leak, leading to psychotic breakdown. Drugs then become “autistic objects”, creating in the addict a feeling (an “illusion”), that he is “impenetrable, all-powerful, safe, and protected” (2006, p.166). Rey (1994) had earlier emphasized the way in which drug sensations could revive dead and dying internal objects, and Winship (1998) similarly envisaged that the stimulation of ill objects through drug ingestion represented a sort of Promethean cycle of unconscious hope of repair, and then attack, wherein ill objects in phantasy could be killed off. Drug use of course is shown ultimately not to be able to repair the damaged objects inside, but the phantasy that it could has much power.

2.6 Current climate

A number of British clinicians working with addicted patients in the voluntary, NHS and private sectors, have been strongly influenced by the above contributions. In 2000 Gary Winship and Paul Williams organised an International Addiction Analysis conference at the Tavistock, with speakers from Europe and the USA, and keynotes from David Rosenfeld (Argentina) and Arthur Hyatt Williams (UK). The success of this conference created the impetus for the subsequent annual Psychotherapy of Addiction conference series, which has become well established, and is now in its seventh year. The work of Professor Edward Khantzian, a keynote speaker in 2004 and 2010, and of Phil Flores, also a keynote speaker in

2010, has been particularly influential as this conference has developed. Khantzian's (1985) Self Medication Hypothesis and Flores' (1988; 2004) application of Attachment Theory to the field of addiction have done much to re-humanise those afflicted with addictive problems, and their contemporary psychodynamic perspectives have allowed thinking about addiction to move beyond an emphasis on severe psychopathology and towards the possibility of working through, change and recovery from addiction. The Psychotherapy of Addiction conference, founded by Weegmann (2002; 2004; 2005; 2006; Weegmann & Khantzian, 2009), and Reading (2002; 2004), is an attempt to bring together professionals in order that they can think psychodynamically about the problem of addiction, even if dominant politics and ideology seem not to support such thinking, for example by constraining clinicians in terms of the length and nature of treatment they can offer their patients. Having said that, as Weegmann (2009) in a recent editorial noted, the contribution of psychodynamic approaches is recognised in Drug Misuse and Dependence: UK Guidelines on Clinical Management (2007), and this approach is advocated particularly where others have not worked. The philosophy of the Psychotherapy of Addiction conference holds that it is vital to promote a contemporary and evidence-based psychodynamic perspective that is not exclusive of other approaches and that offers ways of understanding how addicted patients experience and endure the suffering associated with addiction.

Weegmann and Reading have themselves contributed much to contemporary thinking about the psychodynamics of addiction. Weegmann, a Consultant Clinical Psychologist and Group Analyst with 20 years of experience in addictions, uses the insights of Object Relations, Attachment Theory, Self Psychology and Group Analysis in his work, and has championed the use of Twelve Step programmes for those in recovery from addiction. Weegmann (2002) has also noted that there is a strong case that psychodynamic understanding adds a depth to more dominant approaches such as Motivational Interviewing. Reading, a psychoanalytic psychotherapist who for several decades managed the East Kent Alcohol Service, is similarly influenced, though he places a particular emphasis on the provision by the psychotherapist of a secure base in order to make possible recovery from addiction. He notes, after Winnicott, that "there is no such thing as an addict" (2002), making the point that understanding the relationship an addicted person has with his drug of choice is critical in the treatment of addiction. Reading's 2004 paper 'The application of Bowlby's Attachment Theory to the psychotherapy of the addictions' carefully explores use of Attachment Theory to help addicted clients, therapists and supervisors alike. I have for several years been

involved with Weegmann and Reading in organising the Psychotherapy of Addiction conference, and was in 2010 fortunate to receive a live supervision from Edward Khantzian on an ongoing psychotherapy case.

In beginning to cohere the various strands of debate that have come in and out of focus from 1920 to 2010, it would appear that many researchers and clinicians have pointed to the barren and hostile internal as well as external environments commonly experienced by addicted patients, and from which they seek escape and/or attempt to change through drug use. Most of the authors to whom I have referred have considered that far from simply seeking out the pleasurable aspects of drug use, individuals who become addicted are desperately trying either to repair an internal deficit, or resolve/dissolve an internal conflict, and usually some combination of these. Drug and alcohol use are then seen as part of this attempt.

The literature reviewed has gone some way to considering drug use as an attempt to change one's reality, psychic and external, with some attempts being seen as more concrete than others. For example, alongside a belief that if one uses heroin the reduction in aggression one feels will help one's interpersonal relationships (Khantzian 1978), there may exist a phantasy that through the literal ingestion or injection of heroin one effects actual internal structural change, or changes an object, pacifying or propping it up (Rosenfeld 1960; Rey 1994; Winship 1998). The literature however stops short of thinking in great detail about the nature of internal objects experienced by addicted individuals, and the interactions between these. Wurmser's (1974) work on the harsh superego by which addicted patients are often ruled and Krystal's (1988) work on the internal prohibitions to self-soothing which are enforced by an internal object, come closest to this. I felt however that more could be learned about the nature of these objects and their interactions that could make addicted patients especially difficult to reach, and their addictions often so intractable.

Finally my observation that addicted patients often lack of curiosity or are unable to think about emotional experience was explained to an extent in the literature, which pointed to the problems with affect identification and tolerance (Krystal and Raskin 1970; Khantzian 1978; McDougall 1989) that are central in addiction. One aspect of this lack of curiosity which had however not been investigated at all, were the mentalizing capacities of addicted

individuals. Fonagy et al's (2004) ideas in respect of this have not been applied to the field of addiction, and to date there is no existing literature on this topic. Though this small study is primarily a qualitative exploration of the intrapsychic factors co-morbid with drug addiction, it also provides the first quantitative data in the area of mentalization and addiction.

3

METHODOLOGY

This chapter explores research design and shows how this fits with research questions and the overall aims of research. Methods of data collection and analysis pertaining to the capture of intrapsychic and mentalization process data are explained, as are the epistemological and theoretical foundations of research, and the limitations of methodology employed.

3.1 Epistemological and Theoretical Foundations of Research

This research was underpinned by psychoanalytic theories of the mind and mental processes (Freud 1911; 1912; 1917; Klein 1946; 1957; Bion 1962; 1963). It was therefore concerned to explore the intrapsychic dynamics co-morbid with addiction within a particular sample. Based on the literature review as well as clinical experience with addicted patients it was hypothesised that individuals are vulnerable to becoming addicted because of a particular set of intrapsychic dynamics. Research sought to explore this hypothesis, and identify commonalities across a number of cases, rather than arrive at ‘truths’ about the subject.

The ‘truth claims’ of psychoanalysis have been the subject of fierce intellectual debate over decades (Grunbaum 1973; Habermas 1973; Spence 1987; Strenger 1991; Crews 1993; Nagel 1994), and these debates have relevance for this psychoanalytically informed research. In terms of the generation of knowledge or truth in psychoanalysis, historically clinicians have conducted in-depth work with small numbers of individuals and have extrapolated from their experiences theories about particular clinical presentations such as alcohol addiction (Glover 1932), mental structures such as “pathological organisations” (Steiner 1993) or mental processes like projective identification (Klein 1946). As Rustin (2001) states; “[t]he clinical data from which new psychoanalytic knowledge derives is generated in dialogues between analysts and patients” (p.59). Research in psychoanalysis has therefore largely consisted of papers describing intensive clinical work and extrapolating theories derived therefrom. Whilst such practice does not fulfil traditional conceptions of empirical research, the single case study approach is typical of psychoanalytic research. As Rustin claims:

“...analysts move inductively from ‘clinical material’ (their data) to concepts and theories. They then reinterpret their material in the light of these ideas, as they emerge. But of course in psychoanalysis ‘the material’ is not a tabula rasa, but is perceived through the perceptual frame already existing within the psychoanalytic tradition...The normal professional practice of psychoanalysis involves solving the problems presented by the variety of individual patients with the theoretical resources consensually available within the tradition” (Rustin 2001, p.60-61)

Psychoanalytically informed research ought to be less self-conscious, Rustin argues. Its “knowledge”, is obtained through ‘the objective study of subjectivity’ (Fonagy 2000, p.2), and by a method which is systematic and rigorous. Whilst the facts about the self it discovers make sense in a way which is difficult to quantify or test in the traditional scientific way, such “truths”:

“...are judged principally according to how well they fit our own and our patients’ subjective experience. This is not to say that the theories are not true, rather they are metaphoric approximations at a subjective level of certain types of deeply unconscious internal experience” (Fonagy 2000, p.4)

Following Kuhn’s (1962) ideas about self-generated scientific revolutions and notions of how epistemological shifts occur in knowledge, it was possible to widen the validity of claims to truth in the social sciences. Psychoanalysis, Rustin (2001) claims; “moved in an ‘interpretive’ direction, and some of its major exponents, such as Meltzer (1978/1981) seemed happy to repudiate all claims to ‘scientificity’ as inappropriate” (Rustin 2001, p.32). In reference to Latour’s (1983) paper “Give me a laboratory and I will Raise the World”, in which Latour describes the role of the controlled scientific laboratory as enabling scientific discovery, Rustin equates the consulting room in which psychoanalytic knowledge is generated with the laboratory. Like neo-natal wards and infant observation settings which have provided evidence for psychoanalytic theories concerning early infant development, and psychiatric wards where psychoanalytic observation techniques have confirmed ideas concerning staff anxiety in the treatment milieu (Hinshelwood and Skogstad 2000), so in the consulting room psychoanalytic hypotheses are formulated and tested in a highly controlled and rigorous manner.

3.2 Limitations of a Psychoanalytic Methodology

Frequent criticism is however made of the use of case studies as the main means of obtaining and presenting new knowledge in psychoanalysis (Fonagy 1993; Spence 1993), despite the fact that “single case study research is well represented across all professional journals and is useful in generating evidence-based practice” (Winship 2007, p.174). Spence (1993) for example has considered the enmeshment of fact and interpretation in case studies, in which only anecdotes which fit the theory being expounded are presented, with data that could confirm alternative interpretations being omitted. He claims that in essence a story is presented as if it were factually true. Yet narrative case accounts are often far more illustrative of subtle dynamics involved, and indeed more persuasive and capable of impacting public opinion and policy than large scale quantitative data (Winship 2007). The recent cases of Victoria Climbié and Baby P are good examples.

Criticism of psychoanalytic methodology extends however beyond the limitations of the single case study approach, to its reliance on theoretical constructs which cannot be operationalised. Grunbaum (1984), though he set out to show that at least the methods of psychoanalysis were scientific, failed in his various attempts to prove this, primarily because he found that the concepts central to psychoanalysis such as repression and the unconscious could not be reduced to observable phenomena and so evaluated in the same way. Grunbaum however, according to Gomez (2005), was; “treating a body of interpretative theory, governed by meaning and personal intention, as though it were an empirical-scientific theory, governed by physical cause and effect” (2005, p.32).

Perron (2006) considers Grunbaum’s argument, which he summarises: “your hypotheses are formulated in such a way that one cannot demonstrate that they are false, yet Popper said that a hypothesis is only scientific if it can be refuted by experience: thus you are not scientific” (p.931). Perron reflects upon the non-sensical attempt to refute an entire approach at the level of its general theory, rather than questioning its ‘local hypotheses’. He likens such criticism of psychoanalysis to an attempt to refute Newtonian or Darwinian theory on the basis that either theory may be destroyed by new observations. Perron states; “[as] a general theory, there is no sense in declaring that it is ‘true’ or ‘false’: what can, and must, be discussed is its usefulness” (p.931). In relation to psychoanalysis as another general theory, he says:

“[i]t is futile to claim to ‘refute’ it, and equally futile to want to ‘prove’ it. One can simply show that it is useful. In the presence of the sceptic, the best thing the analyst can do is to reply: ‘You are perfectly entitled to do without the hypothesis of a dynamic unconscious (or infantile sexuality, or unconscious phantasy, etc.). But then you lose the possibility of understanding many facts that can be understood by having recourse to this hypothesis: your phenomenal field is singularly restricted” (Ibid, p.931)

Finally, Perron asks: “[m]ust everything be demonstrated? Is it necessary, in order to continue teaching history in primary schools, to give an idea of classical literature, to attract the child’s attention to civic values, to demonstrate that these teachings are effective?” (Ibid, p.931). Such arguments are central to an area of research where “proof” cannot hope to be obtained in the same way as in the area of natural science.

Attempts at proof surely derive from awareness of the isolation of psychoanalysis from other disciplines, and fears for its increased marginalisation in a culture which favours evidence based practice (Fonagy and Target 2003). This isolation is inextricably related to a reluctance to and difficulty in ‘proving’ basic concepts such as the unconscious and transference, as well as the clinical efficacy of psychoanalysis, as well as to the historical reliance of practitioners on single case studies as a means of advancing psychoanalytic knowledge. Cartwright (2002) suggests three reasons why research methodologies have not been developed in psychoanalysis:

“(1) Psychoanalysis has primarily developed within a treatment setting where treatment aims have overshadowed the need to adopt research methodologies from other disciplines. (2) Psychoanalysis is not only a theory but is also a methodology in itself developed specifically for exploring unconscious processes. As a methodology of inquiry it has always been inextricably linked to the treatment setting, making it difficult to develop other forms of research methodology using psychoanalytic principles. (3) As a consequence, other possible forms of research from the empirical and hermeneutic traditions are seldom taught or encouraged in training institutions (Schachter and Luborsky 1998 p.82)”

The single case study approach remains: “the epistemic problem of psychoanalytic psychotherapy”, according to Fonagy (1993, p.577). Grunbaum (1984) had earlier pointed out the flawed validity of such an approach, where “evidence” for hypotheses comes from inscrutable sources. Fonagy continues;

“[t]he abundance of clinicians claiming, on the basis of case reports, that their theory and technique are indispensable, is the gravest indictment of the logic of case study methodology. It leaves open the possibility that an unspecifiable, but possibly very substantial portion of coherent psychoanalytic generalizations, which meet the hermeneutic criteria of consistency and meaningfulness, are in all probability incorrect” (Fonagy 1993, p.577)

The very private nature of the psychoanalytic treatment which *is* psychoanalytic research, and the frequent focus of psychoanalysis on diffuse psychological distress rather than discrete symptoms, means it is seen by many as incapable of providing the evidence necessary to legitimise its use, let alone prove its basic metapsychological concepts (Frosh 1997). Random controlled trials for example, the gold standard in empirical research, could simply not be usefully employed in an area of research concerned so broadly with human psychological functioning. The difficulty of measurement of severity of symptoms or other aspects of psychological functioning is contentious. In the field of psychotherapy outcome research this measurement commonly takes the form of self-reporting which must be regarded as inaccurate. Perron (2006) considers the “measurement” of depression:

“At best, what one can do is to arrange people according to a gradient ranging from the least depressed to the most depressed. One does not ‘measure’ depression as one weighs potatoes. If one thinks one can, it is an illusion of measure which entails a second illusion, namely, of believing one has defined a homogeneous sample because one has only selected subjects whose ‘note’ (the notation of depression, in the chosen example), is higher than a predefined level. This boils down to creating a class of objects, depressive patients, all considered identical in relation to a characteristic named

‘depression’. Only a so-called quantitative variation is recognised, while any form of qualitative variation disappears” (p.928)

Fierce intellectual debate reigns over the nature of psychoanalytic knowledge, and central to this is the question of whether psychoanalysis should be treated as scientific or interpretive. Letting go of claims to scientificity has provoked fears concerning reduced status for the discipline. Indeed Nagel, more lately argues that; “if all Freud succeeded in doing was to develop a new way of talking or seeing things, he failed” (1994, in Gomez, 2005, p.150). Thus in an attempt to hold on to the scientific status of psychoanalysis Nagel conceives of a far broader conception of science than earlier thinkers such as Grunbaum. Nagel defined scientific instead as: “the practical vindication of modes of explanation which begin with personal meaning rather than a publicly identifiable event” (In Gomez 2005, p.41). He felt there could be objective knowledge which is also subjective, and that this knowledge was as valuable as the kind produced by objectively observable facts. Nagel championed a reality where subjective and material phenomena held an equal place, where evidence given by patients and practitioners was enough to validate the claims of psychoanalysis. Grunbaum (1984) for one countered that support for psychoanalysis does not mean it is proven. Interpretation, he argued, is not another version of scientific explanation; the “rational coherence and intuitive plausibility” that Nagel (1994) saw could raise the status of psychoanalysis above that of a commonsense psychology, were inadequate.

Validation in hermeneutics by contrast comes from how the subject knows, rather than whether or not the object of knowledge actually exists. There is no attempt to connect the mental and physical realms, and so to prove the existence of particular concepts. Psychoanalysis is seen not to be concerned with the physical, but purely as an interpretive discipline concerned with the ‘truths’ that are co-constructed by analyst and patient. A hermeneutic perspective fits with a constructivist epistemology which holds that individuals create their own meaning. Key proponents of the hermeneutic approach to psychoanalysis are Habermas (1973) and Ricoeur (1977), and for them, the generation of knowledge through the bringing of subjective meaning, and the validity of narrative truth, are paramount. A hermeneutic approach also assumes that meaning will be informed by what is already known, like by a researcher, about existing theories on a given subject, and whilst an interpretation may be regarded as less arbitrary where it is grounded in a particular

theoretical perspective, a hermeneutic circle (Heidegger 1927/1962) is identified where a theory is internally coherent yet does not stand up to analysis by those outside of the circle. Whilst one is always working within a frame of reference, it is a challenge indeed to carry research findings outside of the circle so to speak, yet this is so often necessary, and particularly where funding is required to deliver a form of treatment.

3.3 Use of Attachment Research Methodologies in Psychoanalytic Research

Concern about the isolation of psychoanalysis as an intellectual and therapeutic discipline has however highlighted its lack of use, and development of, credible research methodologies (Cartwright 2004). Psychoanalysis has instead tended to borrow these from what has widely become known as Attachment Research. The Strange Situation experiment (Ainsworth, Blehar et al. 1978) is one such example; a laboratory-like test which observes the behaviour of an infant around his or her mother and then a stranger, with and without the mother present. The Strange Situation method lends epistemic justification to Attachment Theories (Bowlby 1969; 1973; 1980) about separation and human attachment patterns, but also lends evidence to psychoanalytic ideas about corresponding internal responses to mother-infant interaction (Klein 1946). If psychoanalysis itself would not bow to a pressure to be scientific in the traditional sense, attachment theorists saw the advantages of developing more rigorous scientific methods. Their research provided the external observable data necessary to ensure acceptance by the scientific community of ideas rooted in psychoanalysis. The Adult Attachment Interview (George, Kaplan et al. 1996) has been a mainstay of attachment research and has been used in recent years by psychoanalytic researchers to provide objective evidence of their theories, particularly in the area of psychotherapy outcome research (Fonagy, Steele et al. 1991; Gullestad 2003).

I have already considered why psychoanalysts have been reluctant to bow to a pressure to be scientific in the traditional sense, and why they have been prepared to tolerate the increasing intellectual isolation of the discipline of psychoanalysis. As Habermas (1973) and Ricoeur (1977) argued, psychoanalysis has not been concerned with the confirmation of objective facts, but with the interpretation of subjective reality. Psychoanalysis has not been concerned primarily with observation in the usual sense of observing outside behaviours. Rather it concentrates on the interpretation of such behaviour or states of mind in the light

of possible inside meanings, or on psychic rather than everyday reality. As Winnicott (1956) stated of infant observation:

“[t]he truth is that by giving a most minute description of the behaviour of an infant or a child we leave out at least half, for richness of personality is largely a product of the world of inner relationships which the child is all the time building up through taking in and giving out psychically, something which goes on all the while and is parallel to the physical taking in and giving out which is easily witnessed” (p.88)

Whilst this fundamental distinction between attachment research and psychoanalytic theory has prompted criticism of the use of attachment research methodologies in psychoanalytically oriented research (Gullestad 2001), arguably the most valuable and inscrutable evidence for psychoanalytic theories derives from attachment research (Fonagy 2001; Gerhardt 2004). The contemporary theory of mentalization (Fonagy, Gergely et al. 2004) is one such example, and although many (Fonagy included) have argued that it is not an entirely new concept, having its roots in psychoanalytic thinking about the development of thought, it is a refined and therefore empirically testable concept.

In support of the use attachment methodologies in psychoanalytic research, the sharing by psychoanalysis and Attachment Theory of epistemological foundations has also been emphasised (Holmes 2000; Fonagy 2001; Holmes 2005): Both, Fonagy argues, consider the first few years of life to be pivotal in terms of personality development, and regard maternal sensitivity as a key determinant of the nature of object relations of the infant and of his overall psychic development. Both regard the need for relationship for its own sake as central, and hold that an individual's experience is influenced by expectations that derive from early experience. Early relationships particularly are seen as fundamental because it is within a relational context that basic psychological functions such as capacity to mentalize develop. Holmes (2005) has particularly emphasised the links of mentalizing to Kleinian psychoanalysis, and specifically to Bion's understanding of the development of thought in response to absence: “no breast, therefore imagine a breast” (p.184). Mentalization is concerned with just one aspect of thought; thought about one's own or another's mental states. However the concept of mentalizing is seen, as is thought overall, to develop out of an experience both of a lack (the absent breast is hallucinated), and of having one's own

behaviour considered by a containing other in terms of particular mental states. The infant comes to understand that he and others experience feeling states because they have minds. Fonagy and Target (1997) emphasise the importance in the development of mentalizing capacities of the mother intimating to the infant that he feels something about something, and naming this to the infant who then learns to recognise particular mental states and attribute various thoughts and feelings to these states in self and other. To be able to consider such states in these terms lessens the need to act out. Literally, thinking takes the place of acting. It seems logical that in the absence of a capacity to think about experience in terms of mental states, or indeed in any way, an individual would be more greatly inclined to act in order to discharge frustration or libido.

Zepf (2006) however highlights significant differences between psychoanalysis and attachment theory in terms of their epistemological foundations. He argues that despite Bowlby's (1969; 1973; 1980) claims to the contrary, attachment theory has remained at the level of description of behaviour. Though later attachment theories (Szajnberg and Crittenden 1997) do consider that mental representations of attachment take into account internal fantasy and unconscious wishes and feelings concerning relationships, as well as external perceptions, Zepf argues that they do not sufficiently incorporate these psychoanalytic concepts. Whilst a rapprochement of these schools has been instigated, as Zepf (2006) claims, there are insufficient grounds for entirely reconciling psychoanalysis and attachment theory.

3.4 Research Questions

- What intrapsychic dynamics are co-morbid with drug addiction?
- Is an impaired capacity to mentalize evident in individuals who are dependent on drugs?

3.5 Summary of Research Method

The study had an initial quantitative aim: To assess the extent of capacity to mentalize of 34 dependent drug users. To achieve this, the Adult Attachment Interview (George, Kaplan et al. 1996) was delivered by the researcher and was coded by an external coder using the Reflective Function Subscale (Fonagy, Steele et al. 1997). A reflective function score was then attributed to each drug user. Further analysis of AAI data consisted of identifying commonly reported experiences across the sample, such as experiences of violence or cruelty at the hands of caregivers, parental absence in childhood and so on. Then, in accordance with the above research questions, the study had a broad qualitative aim: To identify the intrapsychic dynamics co-morbid with drug addiction. Two further qualitative research interviews with 10 of the sample sought to explore in greater depth the experiences and overall psychological functioning of these individuals. A thematic analysis of these research interviews was undertaken.

Following my clinical experience I began research with some already formed impressions of addicted patients. I had observed that they often seemed not to want, or to be able to think in any depth about their drug use, including about what psychological factors might contribute to this. Further, my experience with these patients had shown that they often seemed to experience an internal prohibition against accepting help, which prevented them making use of psychotherapeutic interventions. Inevitably therefore I began research expecting I might encounter within participants particular, perhaps prohibitive, internal objects or object constellations, that seriously inhibited, even forbade thinking, and so the getting of psychological help. Research was not begun with a blank slate. I specifically chose research methods that would allow me to learn more about participants' internal objects and object relationships, and later data analysis/interpretation was inevitably influenced by the impressions discussed. I will show how my early impressions were confirmed again and again across a number of cases, but also that other possible interpretations of data were credible, if I felt less compelling.

3.6 Data Collection

3.6.1 Sample

The majority of participants were recruited either via a bail/homeless hostel or through a non-statutory drug service where I placed an advertisement. The remainder of participants learned of the research through contemporaries who had already been interviewed, a snowballing type of recruitment. In the final sample of 34 dependent drug users (some of whom were also alcohol dependent), 11 were female and 23 male. Of the females, 10 were White British and one British Asian. Of the males, one was British Asian, one African, one South American, two West Indian British and the remainder White British. Their ages ranged between 17 and 49. A full record of which drugs were used by which participants, including duration and frequency, was made (Table 1, p.53-55).

Interviews took place at the University of Reading and participants were paid £20 for completing an AAI, and £15 for each subsequent interview. This was paid in the form of supermarket vouchers. Incentivising research participants in this way, though an accepted convention in research (Dickert, Emanuel et al. 2002; Emanuel 2004), is also sometimes regarded as ethically dubious (Grady 2005). Ethical approval was obtained from the University of Reading Research Ethics Committee, which suggested payment in the form of vouchers rather than cash. An Information Sheet (Appendix i) was given to individuals who expressed an interest in research and formal consent was obtained prior to interviews being conducted (Appendix ii).

Prospective participants completed a pre-interview screening tool (Appendix iv), which determined current drug dependence. Apart from information obtained using the pre-interview screening tool I had no knowledge of participants' histories, their current situation or state of mind. Khantzian and Treece (1985) have shown that problematic drug users are more likely to experience mental illness than individuals who do not use drugs, and Khantzian's (1985) Self Medication Hypothesis argues that drug use frequently aims at relieving symptoms of an underlying psychiatric condition, as well as to modify normal emotional states. The more recent diagnostic category of 'dual diagnosis' further highlights that many problem drug users have co-occurring psychiatric and mental health problems alongside their addiction. I decided however not to ask participants whether they had ever been diagnosed with a psychiatric illness, determining that the presence of a psychiatric

condition would neither preclude observation of intrapsychic dynamics, nor make any such observations less meaningful.

3.6.2 Pre-interview screening tool

A pre-interview screening tool was devised specifically for the project and used to determine current drug dependence in prospective participants (see Appendix iv). Drug dependence is defined by the American Psychiatric Association in its Diagnostic and Statistical Manual IV (1994) as follows:

Substance dependence: Individual manifests three or more of the following in the last 12 month period:

- (1) Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
 - b. Markedly diminished effect with continued use of the same amount of the substance.
- (2) Withdrawal, as manifested by either of the following:
 - a. The characteristic withdrawal syndrome for the substance.
 - b. The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms.
- (3) Substance is often taken in larger amounts or over a longer period than was intended.
- (4) There is a persistent desire or unsuccessful efforts to cut down or control substance use.
- (5) A great deal of time is spent in activities necessary to obtain the substance, use the substance or recover from its effects.
- (6) Important social, occupational or recreational activities are given up or reduced because of substance use.

- (7) Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

The screening tool sought to establish the presence or absence of the above criteria, and in accordance with DSMIV, where a prospective participant affirmed the presence of three or more criteria they were regarded as drug dependent and able to be included in the sample. The screening tool recorded which drugs a participant had used, when (between what ages) and with what frequency, and asked participants to describe what was happening around the time they began to use drugs. Individuals could therefore reveal something of why they believed they had begun to use drugs, or they could indicate events concomitant with the beginnings of drug use. The less reflective of participants here cited external problems such as “moved away from home”, “was meeting new friends”, as opposed to answers which demonstrated a more mature internal world recognition: “I think I struggled with growing up and not having my mum around so much”, “Things felt pretty bleak in my head”. Typical answers of problematic drug users were “bad home life”, “break up with boyfriend”, “hard and lonely upbringing”. In asking this series of screening questions I was less interested in whether events that preceded drug use were causal or not, and more in the links made by drug users themselves between their drug use and reported difficulties. Participants were finally asked to state whether they believed their own drug use was problematic or not, and were asked to say on what basis they arrived at this judgement. Again participants’ determinations in this respect were regarded as useful information about their own perception of their drug use. The extent of difficulties associated with drug use were often more realistically seen during interview, and so data gleaned from the pre-interview screening tool was triangulated by data obtained from each AAI. This preliminary investigative tool proved very useful in predicting whether a participant would likely ultimately fit criteria for inclusion in the study.

3.6.3 Recording and transcription of interviews

All interviews were audio recorded and transcribed. Being able to listen to and read transcripts of interviews after they had taken place enabled a general familiarity with the data and re-evoked the experience of being with the interviewee. In terms of considering transference and countertransference, object relating and other psychoanalytic data, this

was of great value. As Cartwright (2004) states: “checking for evidence of evoked feeling states in the interaction...gives us clues as to the nature of object relating during the interview...[which] can then be checked against the object relations and representations discerned from the transcribed interview text” (p.226-7).

3.6.4 Adult Attachment Interview

The Adult Attachment Interview (AAI) was chosen because the Reflective Function subscale (Fonagy, Steele et al. 1997), used to give an objective measure of mentalization, was conceived for use with AAI data. Designed to explore the adult’s state of mind with regard to childhood attachment, the AAI explicitly accesses a respondent’s current capacity to think about experience and comment on this. Specifically it asks interviewees to consider mental states in self and other. It asks, for example, “have your feelings about your mother’s death changed much over time?”, and “why do you think your parents acted as they did?” An AAI schedule (George, Kaplan et al. 1996) is attached as Appendix iii. Questions focus the interviewee on their childhood relationships with parents and significant others and on formative experiences. Difficult or disturbing early experiences such as those of loss or trauma are focused upon, and current perspectives on experience are sought.

As in the earlier Strange Situation experiment (Ainsworth, Blehar et al. 1978) in which attachment behaviour in infants was aroused by a threat to attachment and then studied, a certain amount of anxiety is deliberately provoked during the AAI. This is seen to stimulate and facilitate the revelation of affective memory, that is to say, recall of emotional states from an earlier stage of life. In order to set the conditions for the interview milieu, a relatively formal atmosphere is maintained with minimal reassurance given to respondents, and with negligible engaging by the interviewer in more general conversation instigated by the respondent. Arguably, in this way an amplified transference response to the interviewer may be provoked, and though this cannot be explored or interpreted during the AAI, it may be observed and gives preliminary data about intrapsychic as well as inter-psychic processes. For example the researcher may note that the interviewee wants to give the answer he thinks the interviewer wants. He may ask “is that the sort of thing you want?” or “did I answer the questions okay?” He may also appear anxious lest he fail to please the interviewer. This would give the researcher some idea about the nature of internal objects

which exist in the mind of the interviewee, as well as information about how the interviewee likely relates to others in his world.

The AAI, though intended to access “memory systems” as opposed to unconscious aspects of personality, is seen to “surprise the unconscious” (Cassidy and Shaver 1999), so that unconscious aspects may be observed even if they aren’t able to be tested out by traditional analytic means, for example through interpretation. Fonagy (2001) has noted the similarities between the AAI and a standard psychoanalytic assessment interview. For example during the AAI, the minimal intervention of the interviewer encourages a free-associative atmosphere, and the overall emotional climate and process of the interview is considered, as well as its content. Though not a tool designed to reveal and explore unconscious communication, the AAI provides data that exposes much about the internal worlds of its respondents. As a methodological anchor for a study with drug users, where there may be a tendency towards focusing solely on drugs, the AAI holds the potential to access precipitating or co-morbid factors related to drug addiction. This last proposition is hypothetical insofar as the AAI has not been delivered to drug users. The potential for the AAI to access participants’ deeper histories and capacities for mental functioning against the backdrop of their drug use is of particular interest here.

Though I was interested in much more than an interviewee’s drug use, I was curious to see how participants themselves conceived of their drug use. I knew that I would also want to be able to compare participants’ conceptions with my own later formulations of drug use, or unconscious motivations to use drugs. To this end I added five questions to the AAI that related specifically to drug use:

1. Can you tell me something about your drug use?
2. Why do you think you use drugs?
3. Why do you think your drug use has become so problematic/has not become problematic?
4. Do you relate any of the things we have talked about today, about your family and early life, to the fact that you use drugs?

5. Is there anything else about your drug use that you think is significant, or that you would like me to know?

Question one in this section invites the interviewee to say something very general about his or her drug use. Each interviewee at the point of interview had already supplied data about which drugs they were using or had used, and to what extent. I was therefore not primarily concerned during the interview to glean information of this nature. Rather I wanted the interviewee to say whatever he or she thought about, or thought was relevant about, their drug use. The question then permitted rather than demanded reflection on mental states, and indicated to the interviewee that they might focus their attention not only on the facts of their drug use, but also on the meaning of it to them. The nature of attention given was of interest above factual information. Similarly question five invited the interviewee to add to a more general view about the significance of their drug use as they saw it. Questions two to four explicitly invited a more thoughtful consideration of the meaning of each individual's drug use.

Following each AAI, I recorded my thoughts and any feelings evoked by the experience of the interview and the interviewee. This record, which included my countertransference response to each interviewee, was later used to triangulate interpretations and data analysis. Impressions about an interviewee's transference for example, could confirm notions I had about descriptions given of significant relationships by an interviewee. Where these were said for example to be especially close, but where I felt a great suspicion towards me, and a reluctance to criticise significant others in any way, I was alerted to a fragility where representations of significant relationships were concerned. Though I could not use such observations or pursue other comments which interested me during AAIs, noting for example a strong resistance in an interviewee to talking about his father, I did note my impressions. These particularly informed my approach to further research interviews with a portion of the sample.

3.6.5 Case Study Approach: Further Research interviews

Follow-up research interviews were based on the procedure of a clinical psychotherapeutic interview used to assess a patient's suitability for psychoanalysis or psychoanalytic

psychotherapy. Unlike a diagnostic interview such as the Clinical Interview Using DSM-IV (1994) which aims at identifying specific pathology, a psychotherapy interview seeks rather to encourage a prospective patient to talk about themselves and their experiences so that a general formulation may be made, unconscious elements (conflicts/dynamics) in the material discerned, and the nature of internal objects and the interactions between these objects in the patient's mind understood in a preliminary way. Further research interviews were structured in this same way in order that such elements could be considered in light of their being co-morbid with an addiction, and so that the interaction between these could be considered.

In order to allow the above elements to be revealed, rather than use an interview schedule I encouraged each interviewee to continue to tell his or her story, as s/he had begun to do during the AAI. Though I was interested in participants' drug use, this was not the exclusive focus of interviews, and in most cases it seemed that having begun to talk, often for the first time, about their family history and formative experiences, interviewees continued to relate these aspects rather than chronicle their drug use. As interviewees spoke I considered the object representations and relationships they revealed, took into account their use of defences and the presence of resistance, noted the affect (or lack of it) accompanying a particular discourse, and the transference and countertransference states revealed. Only initial impressions of these things could be made; such impressions could not be confirmed across three research interviews, but nonetheless preliminary data was revealed.

Though interviews could not be entirely free associative, being based as they were around a set of research questions, I did as far as possible allow interviewees to think aloud and comment spontaneously on thoughts arising. I began each follow-up interview by asking participants what their experience had been of the previous interview, and what thoughts and feelings had been stirred by it. I sometimes had in mind particular questions to ask, and always there were topics I was interested in pursuing based on what had emerged in the AAI, but I also wanted to remain open to considering what was going on immediately during the interview, so that I could interpret this to the interviewee at the time. For example where I felt the interviewee was keen to tell me what they thought I wanted to hear, I would comment on this, perhaps relating their apparent need to do this to a pattern I had identified in the relationships they described. In this way latent as well as manifest aspects of

the narratives were considered. I was able in follow-up interviews to clarify any biographical or other relevant data given during the AAI, comment on any contradictions, particular ways of talking or conflicts/defensive operations, and put forward interpretations that incorporated my preliminary understanding of the data, for example making links between aspects of material not previously made by the interviewee. This allowed for some testing of ideas and further consideration of defensive strategies.

In follow-up interviews a narrative was co-constructed by interviewer and interviewee, with some direction given to the interviewee, but interpretation and further understanding of content/dynamics provided by the interviewer. There was less focus on the reported facts than on the elements of the story that were made prominent by and which seemed important to the interviewee. As Spence has argued (1994), "facts" cannot be identified after the event in any case, so the shape of the narrative is most important. Communications about the external world were regarded also as communications about the self, or an internal situation, so that an interviewee who consistently commented on the chaotic or traumatic nature of life events was also seen to communicate a quality of his internal life. Such an interpretation was then made by the interviewer. The interviewee's response to the interviewer was also noted, and again this could be interpreted, or enquired about.

In planning for and conducting follow-up interviews I was guided by Cartwright's (2004) Psychoanalytic Research Interview (PRI) which also aims to apply psychoanalytic techniques to the research interview setting. This interview similarly "strives to uncover unconscious fantasy, object relations, predominant defences, symbolic meaning, and the slippages and transformations of meaning that one expects to occur if one is to understand the interview from a psychoanalytic standpoint" (p.213). Cartwright does not use the AAI as a preliminary interview, however, there are many similarities between the approach I have taken and Cartwright's PRI. Cartwright advocates conducting the PRI over the course of three to four meetings. His first two interviews do not follow a schedule of questions, but encourage respondents to talk about themselves and their experiences, with an awareness that there is a broad focus on one aspect of their lives in the context of their whole lives. Cartwright then uses his final interview to obtain biographical data or to clarify information gleaned from earlier interviews, whereas much of this information emerged naturally from the AAI's in the method I chose. There is some interpretation in Cartwright's third or fourth interview, for

example of defensive operations, contradictions or idiosyncrasies of speech, and of apparent areas of conflict. Cartwright (2004) claims: “[r]esponses to these tentative interpretations are useful in testing various hypotheses present in the interviewer’s mind, as well as in analysing the defensive system of the interviewee” (p.225). Cartwright also emphasises the importance of exploring a subject’s identifications and object relations, and in follow-up interviews used in this research the same technique was used, as it would be in short term or ongoing clinical psychotherapy. For example, if an interviewee revealed that he had become like his own abusive father, this would be noted. Further, his apparently enduring model of relationships as comprising a victim and an aggressor would be interpreted. Though it was expected that an interpretation along these lines would have an emotional impact on the interviewee, any therapeutic value such understanding had was corollary to an explicit wish to understand an individual’s intrapsychic dynamics in relation to their drug use. Research participants were made aware that this was the purpose of the meetings. The setting and techniques of follow-up interviews were therefore informed by the techniques of clinical psychoanalysis, although it is clear that such techniques cannot straightforwardly be transposed to a research setting.

3.7 Data Analysis

3.7.1 Obtaining a Reflective Function score:

Using the AAI to assess extent of capacity to mentalize

AAI transcripts were rated in accordance with the RF subscale (Fonagy, Steele et al. 1997) by an external RF coder recruited via The Anna Freud Centre (AFC) at a cost of £70 per interview. This cost I met myself. I did not at any stage have access to the RF Manual, access being limited to those trained at AFC to apply it. I was however able to discuss in general terms the process of coding, which involves considering whether AAI respondents demonstrated:

- An awareness of mental states
- An ability to consider specific mental states underlying behaviour
- An understanding the developmental nature of mental states
- An awareness of mental states in relation to interviewer

I have described the RF categories that were applied to respondents on pages 56-57.

3.7.2 Analysis of AAI data

AAI's provided essential data about participants' life trajectories, including experiences of loss and trauma and significant relationships. I approached AAI analysis with the aim of appreciating commonalities across the sample, as well as to explore ideas about the intrapsychic situations interviewees revealed. As I have considered, I thought I might find evidence of internal objects or object constellations, which inhibited thinking. Specifically drug users seemed to find it very difficult to think in any depth about themselves, their mental states and motivations for drug use. I was therefore looking out for evidence of such objects and object relationships whilst conducting research and considering the data gathered. However I believe I also remained receptive during research and the process of analysis to the presence of other object constellations or types of object.

Analysis began whilst interviews were ongoing, and continued whilst transcribing and reading through AAI transcripts. I noted recurrent experiences, annotating transcripts with

codes to reflect my observations. Later these codes were grouped and broader categories identified and then refined, to eventually arrive at a number of core and sub-categories. This is in line with Miles and Huberman's (1994) approach to the analysis of qualitative research data. In order to substantiate this description of data analysis, and the analysis of further research interviews, a list of coding categories is attached as Appendix v, and a coded AAI and two further interviews with the same participant are attached as Appendices vi, viii and ix.

3.7.3 Analysis of further interview data

Analysis began whilst interviews were ongoing, and data was regarded primarily from a psychoanalytic perspective. This involved listening in a very particular way during each interview to what was conveyed by interviewees about their internal worlds and psychic functioning, and considering the same afterwards. I discussed the nature of this listening when I described the process of conducting interviews above. This approach followed naturally from my clinical psychotherapeutic experience, and as Clement (1983) states:

"is based on the ability to hear something other than what the patient says, on the capacity to hear, within the conscious message enunciated by the speaker, the patterns produced by the unconscious" (p.36).

The approach was strongly influenced by Kleinian psychoanalysis (Hinshelwood, 1989; Spillius, E, Milton, J, Garvey, P & Couve, C, 2011) particularly. As such, there was a focus on the nature of internal objects and the interactions between these objects in the minds of participants, as part of their overall functioning. These aspects were conveyed as participants spoke about important people in their lives, particularly about parents and early caregivers, and about interactions between these people and participants. Descriptions of such people and interactions were taken also to stand for internal objects and interactions between these. Part of the practical coding process therefore consisted in noting how important people in the lives of participants were characterised (as punitive, critical, withholding and so on), and what the nature of their interactions with others was (bullying, prohibiting, demeaning, and so on).

Once interviews had been transcribed, I annotated these, attaching codes indicating particular themes (internal objects of a particular nature, apparent patterns of relating and so on). Codes were later grouped and patterns noted, leading to the identification of overall themes in the data. Frequent reading of transcripts allowed for the checking out of hypotheses against text, and constant comparison between interviews and within parts of each interview gave interpretation greater accuracy. The analysis of further research interviews was highly interpretive. Whereas when coding AAI's I mainly distilled data that was explicitly reported to me, when considering later interviews I interpreted what was communicated to me along psychoanalytic lines.

In order to avoid 'wild analysis', Cartwright (2004) suggested that once interviews were complete and analysis underway, the following three tasks were undertaken: "(1) the search for core narratives while exploring the interview text in its entirety; (2) matching narratives with initial transference-countertransference impressions; and (3) tracking key identifications and object relations within dominant interview narratives" (p.211). For example a sense of the important others in a narrative and an understanding of how an individual conceives of himself in relation to others will permit insight into the nature of his or her object relations.

Transference and countertransference impressions could be checked out more fully on second and third meeting of each participant, and explicit reference to my impressions could confirm and strengthen interpretations. For example where I felt an interviewee wanted to give "the right answers", or those he felt I wanted, I could interpret this, perhaps suggesting that I had observed the participant's wish to please others in his life. This could confirm an idea I had about the nature of a dominant internal object in the participant's mind. Whilst the response of an interviewee to such an interpretation during interview was one way of checking its validity however, this wasn't to be entirely relied upon. Only the relatively immediate response of the participant could be ascertained, and a response could of course develop or alter radically over time, as in psychotherapy where there is time for an interpretation to be digested and returned to. In psychotherapy subsequent material also gives an indication as to the effect and the validity of a given interpretation, and the limited number of interviews was again prohibitive in this sense. Nonetheless, there was value in interpreting along the lines above, if the final interpretation of data had to shift to

transcribed texts alone. Accounts of clinical material are often criticised for “narrative smoothing”, and it is argued that “theory disconfirming” cases must also be included to give transparency to any process of analysis (Spence 1993). To this end, I have indicated such instances in the coded transcript at Appendix vi, viii and ix.

Sherwood (1969) argues for “comprehensiveness” of interpretive accounts, suggesting that any interpretive account must be capable of illuminating numerous areas of a patient/interviewee’s life. For example, past events or current relational conflict should be able to be understood in terms of the interpretation made about drug use, so if drug use is accounted for by an especially problematic relationship with a critical father, so ought problems in relationships to be able to be accounted for in this way. This gives an overall coherence to the interpretation. The comprehensiveness of interpretations of data could be considered more fully once a series of three interviews had been completed, and transcripts could be looked over as three parts of a whole. At this point of course, it was too late to go back and test other possible interpretations, but at least some ideas could be discounted. A similar attempt was made to move outside of a hermeneutic circle by considering other possible explanations of data.

4

RESULTS

PART ONE – AAI DATA

In this section I present the data obtained from 34 Adult Attachment Interviews. Firstly, in Table 1, participant data is reported; including which drugs participants used and with what frequency. I have changed the names of the first ten participants with whom I met three times, and whose histories are reported in full in Part Two of this chapter. The remaining 24 participants are identified by number. Reflective Function (RF) scores shown in Table 1 represent an objective measure of participants' capacity to mentalize, according to Fonagy et al's (1997) Reflective Function subscale.

Table 2 shows the overall Reflective Function scores by category. The RF categories as described in Fonagy et al's (1997) Reflective Function Manual are presented. Table 3 shows the various external factors commonly reported by participants during AAI's, such as participants' experiences of violence at the hands of caregivers, or involvement in crime. Following this tabular representation of data, quotes from AAI's are given to show how such data was reported. Table 4 shows explanations given by participants for their drug use. As discussed in 3.6.4, once I had delivered the AAI I asked a further five questions about participants' drug use. The explanations for drug use presented in Table 4 were usually, though not in every case, given at this stage of the interview.

4.1 Participant Data and Reflective Function Scores

Case	Name	Sex	Age	Ethnicity	Main drug(s), other drug(s)	Frequency of use	Length of use of main drug(s)	Other relevant drug / alcohol use	RF score
1	"Nadeem"	M	22	Pakistani British	Cannabis	Daily	9 years	Daily speed use for 1 year, 1 year ago	1(A)
					Alcohol	Daily	9 years		
					Ecstasy	Infrequent			
					Cocaine	Infrequent			
2	"Claire"	F	28	White British	Cannabis	Daily	15 years	Used solvents daily for 2 years, 14 years ago	1(A)
					Ecstasy	2 or 3 times monthly			
					Cocaine	Up to once weekly			
3	"Sarah"	F	19	White British	Cannabis	Daily	6 years		1(A)
4	"Richard"	M	31	White British	Crack	Daily	12 years	Methadone script	3(A)
					Heroin (IV)	Daily	12 years		
					Cannabis				
5	"David"	M	19	White British	Cannabis	Daily	13 years		1(A)
					Alcohol	Daily	2 years		
6	"Louise"	F	23	White British	Heroin (IV)	1-3 times weekly	7 years	Heroin use was daily for 3 years up to a year ago	1(A)
					Cannabis	2-3 times weekly	10 years		
					Cocaine	Once/twice every 2 months			
					Crack	Once/twice every 2 months			
7	"Assia"	F	26	Pakistani British	Cannabis	Daily	12 years	Daily speed use for 1	1(A)
					Alcohol	Daily	12 years		
8	"Simon"	M	21	White British	Cannabis	Daily	8 years		3(B)
9	"Chris"	M	37	White British	Crack	Daily	22 years		3(A)
					Heroin	Daily	22 years		
					Alcohol	Daily	25 years		
10	"Karl"	M	33	White British	Crack	Daily	12 years		1(A)
					Heroin (IV)	Daily	12 years		
					Alcohol	Daily	22 years		
					Cannabis	Once monthly			

Case	Sex	Age	Ethnicity	Main drug(s), other drug(s)	Frequency of use	Length of use main drug	Other relevant drug/alcohol use	RF score
11	F	27	White British	Cannabis	Weekly	11 years		3(A)
				Ecstasy	Weekly	9 years		
				Speed	Bi-monthly			
				LSD	Once monthly			
				Cocaine	Once monthly			
12	M	23	African	Cannabis	4 times weekly	6 years		0
13	F	30	White British	Crack	Daily	2 years	Used heroin daily (IV) for 15 years up to one year ago	1(A)
				Valium (not prescribed)	Bi-weekly			
14	M	23	White British	Cannabis	Daily	10 years		1(A)
				Ecstasy	Once every 4-5 months			
				Speed	Twice monthly			
15	M	27	West Indian British	Crack	Daily	7 years	Methadone script	1(A)
				Heroin (smoked)	Daily	7 years		
				Cannabis	Daily	13 years		
16	M	37	White British	Cannabis	Daily	24 years	20 years of IV heroin use until 2 months ago; methadone script	1(A)
				Alcohol	Daily	24 years		
				Crack	Once a month	5 years		
17	M	23	White British	Cannabis	Daily	11 years	Used heroin (smoked) and crack daily for 3 years, up to 4 years ago	1(A)
18	F	26	White British	Crack	Daily	9 years	Methadone script	1(A)
19	F	17	White British	Crack	Daily	1 year	Subutex script	3(A)
				Heroin (smoked)	Daily	1 year		
				Cannabis	Daily until 6 months ago			
				Ecstasy	Weekends			
				Ketamine	Once monthly			
20	M	22	White British	Cannabis	Between 3 and 7 times weekly	7 years		1(A)
21	M	36	White British	Crack	Daily	16 years	Used speed daily for 12 years until 8 years ago; methadone	1(A)
				Heroin (IV)	Daily	16 years		
				Alcohol	Daily	26 years		

Case	Sex	Age	Ethnicity	Main drug(s), other drug(s)	Frequency of use	Length of use main drug	Other relevant drug/alcohol use	RF score
22	F	41	White British	Crack	Daily	27 years	Used cannabis daily for 26 years, up to 1 year ago; methadone script	1(A)
				Heroin (IV)	Daily	10 years		
				Alcohol	Most days	31 years		
23	M	42	White British	Crack	Daily	7 years	Used speed daily (IV) for 25 years up until 1 year ago; Ecstasy daily for 23 years until 1 year ago; solvents daily for 5 years 17 years ago	1(A)
				Heroin (IV)	Daily	1 year		
				Cannabis	Once weekly			
24	M	25	South American British	Heroin	Daily	10 years	Methadone script	1(A)
				Crack	Once monthly			
				Cannabis	Few times weekly			
25	F	32	White British	Crack	Daily	11 years	Used speed daily for 6 years, 7 years ago	3(A)
				Heroin (IV)	Daily	9 years		
				Cannabis	Twice weekly			
26	M	46	White British	Heroin (IV)	Daily	25 years	Subutex script	1(A)
				Cannabis	Twice weekly			
27	M	40	White British	Crack	2-3 times a week	5 years	Used speed daily for 5 years up to 2 years ago; methadone script	1(A)
				Heroin (IV)	Daily	10 years		
				Alcohol	Daily	26 years		
				Cannabis	Once monthly			
28	M	49	White British	Crack	Daily	31 years	'Clean' of all drugs and alcohol for 5 years, 12 years ago; methadone script	3(A)
				Heroin (IV)	Daily	33 years		
				Cocaine	Daily	34 years		
				Cannabis	Daily	34 years		
				Alcohol	Daily	34 years		
29	M	38	West Indian British	Cannabis	Daily	24 years	Used crack daily for 14 years until 4 years ago. Smoked heroin daily for 1 year until 4 years ago	1(A)
30	M	39	White British	Crack	Daily	18 years	Currently undergoing benzodiazepine detox; methadone script (14 years)	1(A)
				Cannabis	Daily	27 years		
				Methadone	14 years			
31	F	24	White British	Crack	6 days a week	7 years	Methadone script	1(A)
				Heroin (IV)	Daily	7 years		
				Cannabis	Twice weekly			

Table 1: Participant Data and Reflective Function Scores

4.2 Reflective Function Categories (Fonagy et al, 1998)

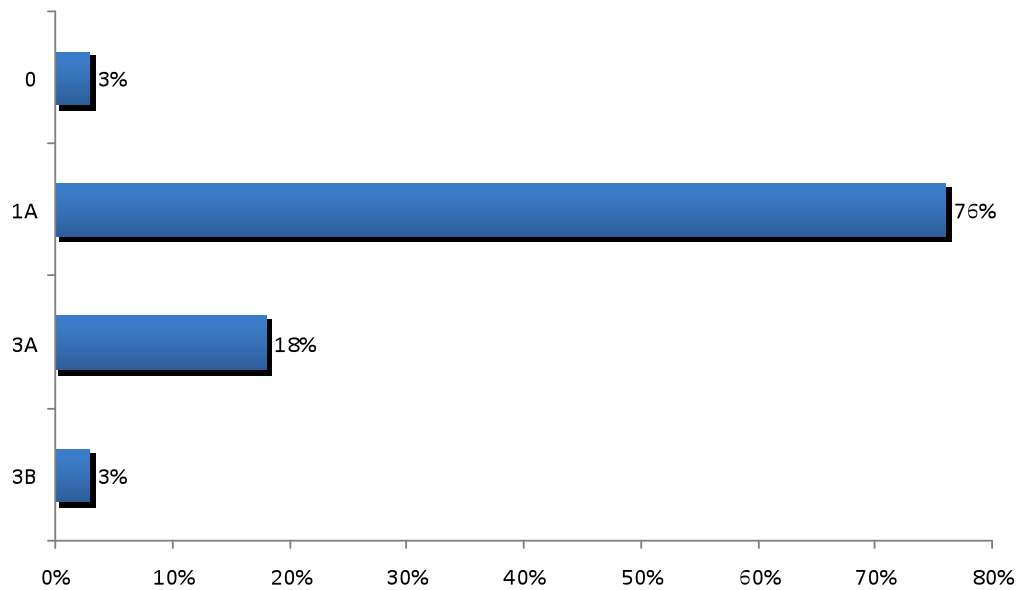


Table 2: Overall Reflective Function scores by category

0 Negative RF (- 1A) + lacking in RF (1A)

1A: description below

-1: statements made by subject which are supposed to convey understanding are non-sequiturs. There is a lack of integration of understanding into the narrative, or a lack of explanation of understanding. Words are often only accorded their literal meaning, for example where the subject states that a loss was 'painful', there is no apparent comprehension that an experience of pain entails a mental state. Indeed there is no sense that the subject understands what the interviewer means when s/he refers to mental states.

1A Lacking in RF, disavowal

Interview is mainly descriptive, subject avoids specificity, generalises, and offers a sociological rather than personal understanding of experiences. Mental states are sometimes mentioned but there is no real sense of the subject's or caregiver's feelings or beliefs underlying their behaviour. The notion that beliefs or feelings underlay mental states is not repudiated, but such understanding is

rudimentary/largely absent. Awareness of mental states only discernible by inference, not made explicit by subject. Explanations for behaviour remain in the physical domain or relate to external conditions, so subject might say 'my house is a happy house'. Interview is likely to contain contradictions, misunderstandings or inaccuracies or barren/unelaborated accounts of experience/shallow insights. The narrative is often confusing and characterised by concreteness. The subject may be 'passively evasive', i.e. won't really consider questions.

3A Questionable or low RF - naïve/simplistic

Subject offers clichéd, banal or superficial explanations, either of experiences or in terms of understanding conveyed of intentions of self/others. There is frequent citation of direct discourse which suggests partial understanding of the intentions of others. References to mental states underlying behaviour are unelaborated.

3B Questionable or low RF - over-analytical/hyperactive

As above, but with excessively lengthy explanations for behaviour.

4.3 External Factors Reported by Interviewees During AAI's

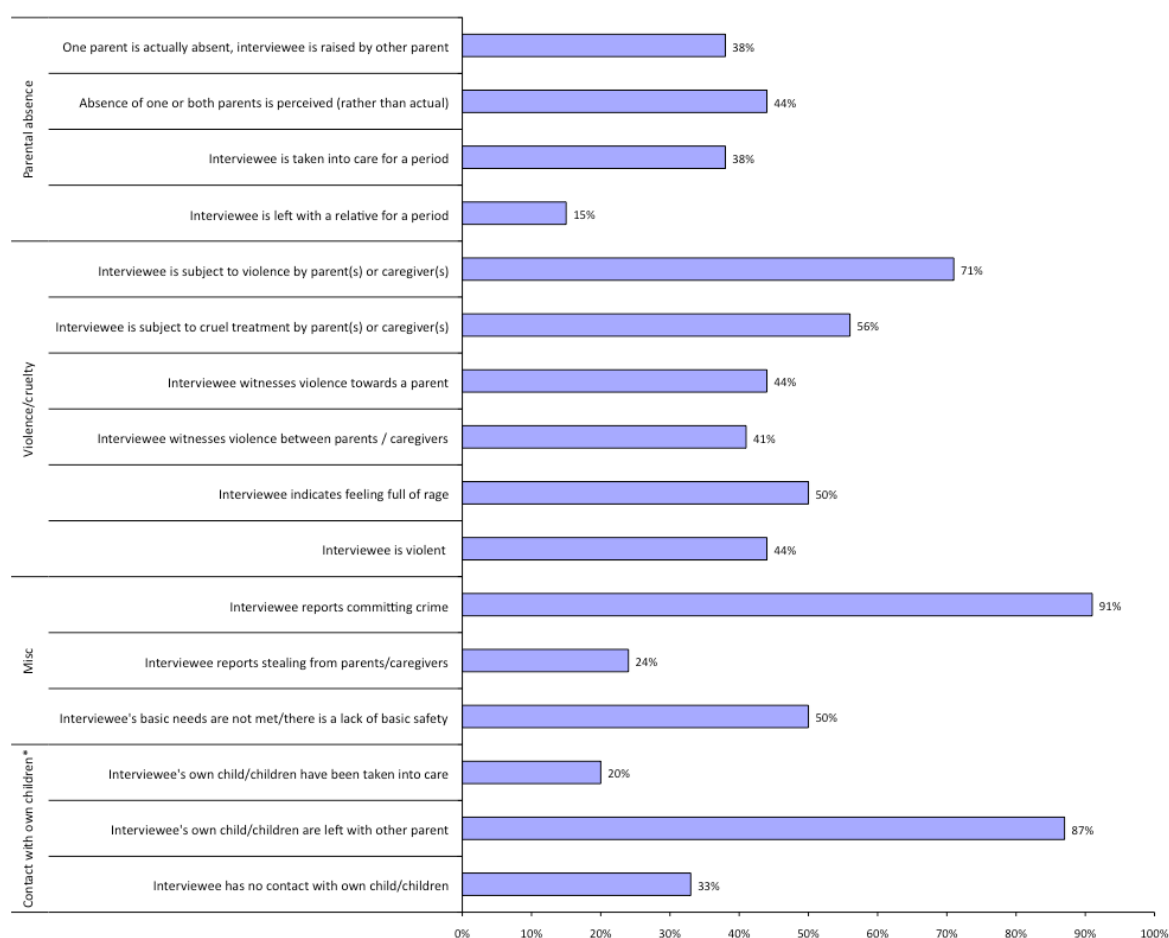


Table 3: External Factors Reported by Interviewees During AAI's

* Only 15 of the 34 respondents had children, so percentages reflect the percentage of this number for whom the particular sub-category applies.

Parental Absence

One parent absent, interviewee raised by other parent

This was the case for 38% of the sample. For 92% of respondents who reported an absent parent, the absent parent was the father.

“...my dad [who left when interviewee was between 3 and 5] missed out on so many things and it's his fault and it's his loss...and it's my decision to tell my dad I don't need you, I've never needed you, and to be honest you don't even deserve a son, so in your

eyes you haven't got one any more. It hurt me a lot to say that, but I had to close that chapter in my life, I wanted to stop walking around with that chip on my shoulder, 'cause it's not fair when all your friends have their mum and dad under the same roof...they take it for granted you know, they do, they really do, and I'd give anything to have my family under the same roof, whether they love each other or not, just to have them under the same roof, not having to worry..." (Simon, AAI, p.4)

"...my mum came here and my dad stayed in Africa, so there wasn't any kind of a like mother figure from when I was younger" (12, AAI, p.1)

12: ...my mum...I tell you the truth she has like...my sister, yeah, she's got like, I don't know what it is but she had an appendicis [sic] or something, so my mum always had to take her to X, that's the capital of [African country], she always takes her there so she always...we do hear from her but she's taking care of, looking after my sister...

CE: So she wasn't around very much when you were little?

12: No...like I said she [mother] left me when I was 7, 8 years old, she came to, left me when she came to this country, because she got the chance to. But because of that, you know what yeah, I'm here, because she made a life for me, for everyone. D'you know what I'm saying? So...it's not like she abandoned me or something like that, even though she loved me so much, I know she did. She keep on writing to me, she kept wanting to find out whether I'm okay or not yeah? She was there...her touch and her presence makes everything good. Seriously....She's the best mum in the world. I won't change her for anything... (AAI, pp.3-4)

Absence of one or both parents perceived

44% of interviewees reported the perceived absence of a parent. For example, 35% of patients reported having a drug or alcohol addicted parent. In other cases a parent was felt to be a workaholic, was mentally ill or perceived as 'unable to cope', or was felt not to be interested in family obligations/children.

"...my father probably wasn't really around when I was younger...I mean he would be there but I never really spoke to him about anything. And I guess you know he would go to work and then he'd come home, it was always mother that I dealt with, not really with him. So, he didn't really know much about me and I didn't really know much about him" (11, AAI, p.3)

"...there wasn't really much conversation between me and [my father], there wasn't really no engagement at all. It almost felt as if he had no interest in me at all, whereas compared to my mother and other members of my family there was always a conversation, always an engagement and that, always a sense they were interested in what was going on with me, what I had to say...whereas it was the complete opposite with my father...it's gone on for so long, I don't know what triggered it and when it started. It's been going on for so long. I even asked my mother and she doesn't even...almost as if it's always been there, almost as if he's never engaged with me...from when I started to go to school I guess, must have been" (15, AAI, p.4)

"...sometimes I get the sense that I must have done something um...terrible, or maybe I'd been such a disappointment to him...for him not to, for him to stop speaking to me. That's a big thing in my head that I'm still trying to come to terms with now, that maybe I've done something or...acted in a certain way for him to...not even pay the slightest bit of interest in me. 'Cause he loves my sister, my sister's a daddy's girl completely, but when it comes to me, it's almost as if I'm not there, like he'll look through me completely...[long pause]...that's a constant thing in my head...[long pause]..." (15, AAI, p.6)

"...we've always been very close, me and my mum. But I mean she, obviously her problem with alcohol really grated on me as a kid, because she'd say she's going out shopping and she'd come back 12 hours later you know, I'd been sat indoors all day watching films or something. I was only about 9 or 10 and I was just...but then suddenly when I was about 13, she seemed to just...get a bit better. But I resented that, because then she wanted to mummy me. You know she hadn't done that when I actually needed her to do that, so I rebelled a bit, and we'd clash" (19, AAI, p.3)

"...my dad was an alcoholic, my mum was also an alcoholic...erm...drink come obviously before anything to both of them...it wasn't a brilliant relationship with my mum or my dad, it was never ever good, or close, it wasn't loving it wasn't...she [mother] was always running around looking for my dad when he'd disappear and...we used to get up in the morning and dress ourselves for school, it wasn't good" (22, AAI, p.1)

"...he [father] went to work and did his thing, that was about it, know what I mean? That was about all he did, know what I mean? You know that was all he expected to do, basically. Well I suppose that there's nothing wrong with that, you know what I mean, I suppose he's putting in his sort of part of the equation I suppose, know what I mean? But you don't realise that when you're a kid do you know what I mean? You just think you're being ignored for something else...There wasn't a relationship with him, you know what I mean, you didn't have one with him, you didn't see him anyway, he was at work all the time...Well, unless he was dealing out punishment [laughing]..." (23, AAI, p.5)

CE: Thinking about raising your own children, are there things you felt you wanted to do differently?

27: ...Be available...[long pause]... (AAI, p.9)

Interviewee taken into care for a period

This was the case for 38% of the sample. Within the sample this ranged from weeks spent in care to years, and began in some cases in infancy, in others, not until the participant was a middle teenager. Care consisted in a combination of foster care, adoption and Children's Homes. Sometimes the interviewee stayed with a family or in one place for an extended period, others point to having been moved from family to family for years, never being settled, or placements typically "not working out".

"...when I went into care the social workers and that were like [to father] 'look, d'you want him back 'cause he can't go back to his mum's', and he was like 'no'. He said 'leave him there', so...once I was in care it was the worst thing that ever happened to me. They say what makes you bad makes you tougher, it don't...I got hurt bad" (Chris, AAI, p.2)

CE: Could you try and describe your relationship with your mother, as far back as you can remember?

20: ...er...[long pause]...well we didn't have one so...I can't comment on that [laughs uncomfortably]...[pause]...I didn't really know her. People told me that she's my mum, but I didn't know... (AAI, p.2)

CE: Do you think that the fact that you were away from your mum, do you think that held you back from developing, was there a negative impact on your development?

20: What not having my mum about? Well yeah, course it would wouldn't it, not having your mum about...dunno...probably...[long pause]...

CE: Can you say how you think it was a bad thing, in what way it affected you?

20: Well, everyone else had mums and I didn't. Everyone would go home to their mums and I'd go home to my foster carers (AAI, pp.8-9)

Interviewee left with a relative for a period

This was true for 15% of interviewees. 60% were left with an aunt, 20% with a stepfather and 20% with a grandmother.

"Never really had a childhood with my mum, just brought up by my granmum [sic] and um, up to the age of 11, then my granmum died. And then um, I went to boarding school, left boarding school at the age of 15, with no qualifications, came back down to um...London, lived with my mum. Left um, about 9 months later. Just been independent since...I never met my dad till I was about what, 7, I was introduced, then it was just "this is your dad", and that was it. Saw him maybe once a month on the street, not that he come for me, I'd just bump into him" (29, AAI, pp.1-2)

Violence/Cruelty

Interviewee subject to violence by parent(s) or caregiver(s)

71% of interviewees reported being subject to violence at the hands of caregivers. Frequently attacks were vicious and recurrent, and meant the interviewee lived in constant fear of attack.

"Growing up was just more about being hit than anything else" (Chris, AAI, p.1)

"...my dad beat me senseless one day. He threw me down the porch steps because he found out I'd been getting yoghurts off the milkman. I'd been getting up early in the mornings to go to school, and the milkman would come round, and I'd been asking the milkman for yoghurts saying that my mum had said it was alright. My dad went to pay

the bill and the milkman told him the amount and he went mental...and he absolutely leathered me. Me mum come home from work, and she said things would be alright” (Chris, AAI, p.8)

“...when I was seven...that was when it all just started fucking up I suppose. That’s when I...from that age on I was just in and out of care, in and out of care. Two years after we went into care, er...the foster home that I was with, the foster dad used to like kick the shit out of me and stuff like, well, he tried to hit my sister, the reason why he used to start hitting me is because I was protective over my sister. And like he used to hit us over the stupidest little things...” (Karl, AAI, p.1)

“...when I got caught smoking...me dad threw a hairbrush at me. Me mum went mental at me, I was only about ten...And er...have you ever tried to snap a hairbrush, one of them thick plastic hairbrushes? I’ve even tried, like as an adult, to try and snap one, but how my dad’s managed to snap it on my head I do not know to this day but he threw it across the room and he threw it that hard, it snapped when it hit me head. And I started crying, me head was bleeding, and I started crying and me mum turned around and said “you deserve it”, and sent me to me bed. And both of them were proper angry, ‘cause I was only ten, and I’d been nicking their fags like for the last six months so obviously...and they was blaming my older brother for a long time, but it weren’t it was me [laughs briefly]” (Karl, AAI, p.11)

“Me and my sister used to get beat with a belt as a severe punishment, that’s if you’d done something really wrong. Um...up until one time we got...I think my mum tried to hit me and I grabbed her arm....and I had to push her away to make her not hit me anymore, but yeah...we used to get hit quite a lot when we were younger” (15, AAI, p.8)

“Me and my mum have had a fair few sort of...scraps...But my stepdad, he used to throw his weight around with my mum but he’s sort of stopped doing that and turned onto me. Like I’ll have an argument with my mum and it’ll get heated...he came up the stairs and dragged me down the stairs and...strangled me. He’s got this thing about strangling me, and it just scares me to death, not being able to breathe, you know? And....he did it

again on Christmas Day...this time my mum did actually ring the police, this time I decided to actually follow through like the charges you know, but they got dropped because...what did they say...I can't remember, but the charges got dropped because it was stated that I was really aggressive towards everyone here and everything...I really wasn't" (19, AAI, p.11)

"I didn't realise until later that a couple of cuffs round the head for some like, my mates, was a good hiding for them. To me, I was being kicked around the room, d'you know what I mean [laughs]? You know it was kind of like, you know what I mean from what they, I'd see them get a couple of cuffs round the head and get sent to bed, and that...and then they'd say 'I got a good hiding last night, the old man went mad', know what I mean? You know, and I'm thinking bet you never got punched, or kicked, or thrown around the room, d'you know what I mean? That was nothing. D'you know what I mean?" (23, AAI, p.12)

"I can remember times when he [mother's partner] has been angry with me and like beat me for like, one day he asked me to get him a bowl of cereal, this was when my mum was like, and I got to the top of the stairs and dropped it, I was only young, and he like flung me down the stairs and booted me in the kitchen, flung me to where the bin is, just over there, that kind of thing and... That was like when my mum was at work" (32, AAI, p.7)

"It was just like X, my mum's boyfriend, any little thing he would beat you for. But he was, he wouldn't do it when my mum was there, it was like more, when she was work kind of thing. Then I didn't want to tell my mum about it because, I thought if I bring it up, my mum would bring it up to him, and he would beat my mum up. So I was in a position that I didn't wanna get my mum into trouble" (32, AAI, p.8)

Interviewee subject to cruel treatment by parent(s) or caregiver(s)

This was reported by 56% of the sample. Cruelty is defined as treatment that causes the recipient to feel humiliated, demeaned, frightened or inhibited. Cruel treatment was usually accompanied by actual violence, though this was not always the case.

CE: Can you remember a particular time when you felt like that [rejected]?

Nadeem: Well yeah...the J's [family name] they was called, erm...basically every day. 'Cause they favoured their kid over us, 'cause we weren't their real blood...and he'd get all the nice toys...and we'd eat, you know what I mean we'd have rice for dinner and he'd have McDonalds or something, so yeah, do you know what I mean, it was most days.

CE: Do you think they realised you felt rejected?

Nadeem: Oh they did it on purpose...do you know what I mean I reckon they did it on purpose, do you know what I mean, they treated their son like an angel, and their daughter...and they was troublesome, you know what I mean, and they'd make us get into trouble, blame it on us the things they'd done and...yeah... (AAI, p.8)

CE: Do you have any memories of frightening punishment or abuse?

Nadeem: ... [pause]...Er....standing in the corner for like 3 hours, not allowed to turn round...ice down your pants...um...crazy stuff...chilli sauce on your nails, do you know what I mean?...No food...basically from about 4 years old, up to about 7...' (AAI, p.9)

“...we used to get hidings for nothing, like I could bite my nails and I’d get a rolling pin or a shoe wrapped round my hand and that do you know what I mean? So the foster parents were, I dunno they weren’t like that with their own kids but they was like that with me and my brother and my sister so I always just watched over them and...keep on and just help them” (Assia, AAI, p.5)

CE: Do you think your dad realised you felt rejected?

Chris: I think he made sure I felt it. I think he enjoyed making me feel like that. ‘Cause however hard I tried it was never good enough for him. I was always trying to make him proud or make him happy. I’d play rugby for him or...I never wanted to play rugby, but because he loved rugby I did rugby. Because he loved boxing I did boxing because...you know...I just did everything to try and please him and nothing was ever good enough (AAI, p.8)

12: ...my dad broke my nose one time [laughs]...yeah...but that’s...like...it happened...

CE: Do you have any memories of frightening punishment or abuse?

12: No. Well, I remember getting tied up one day...My dad...well my dad whooped me one time very badly. He was actually...but yeah..[long pause]...don’t worry about it, yeah...it’s cool... (AAI, p.9)

“I can remember another night that...he [my dad]...I woke up in the middle of the night and I wanted a drink, so he went and got me a drink of water, and I didn’t want water, so I chucked it back in his face, and he picked me up my the scruff of my neck and chucked me out and locked me out [outside the house] for the night” (14, AAI, p.1)

“...we had a stepdad, and she [mother] always used to stick up for us whenever he wanted to punish us or anything. Um, we were made to sit there basically drop our trousers and grab our ankles and basically get beat with a belt or a spoon...as punishment for doing stupid things” (27, AAI, p.3)

Interviewee witnesses violence towards a parent

26% of the sample reported witnessing violence towards a parent by another person who was not their parent, or was not a permanent member of the family. For 89% of these, the abused parent was mother.

“...he [mother’s boyfriend] come in and my mum had had wine, only a couple of glasses of wine, I just knew, I just knew what was happening, I’d go to bed and I would cry because I knew what was going to happen. I heard shouting and loads of banging, and, I can remember coming out of my bedroom, and my mum is covered in blood, upstairs and then he hit her over the sink. And that was when I was real young, I can remember her, and she lost her two front teeth, where he hit her over the sink. And I can always remember that because of all of the blood. It was all over the sink, all down her” (32, AAI, p.5)

Interviewee witnesses violence between parents/caregivers

This was reported by 41% of the sample.

“...after my mum and dad got married, they became violent, my dad became violent towards me and my mum. He chucked my mum down the stairs” (14, AAI, p.1)

“...I’ve seen my mum go through a lot. She used to get beat up by her ex-partners, and I used to see...like seen that happen. And then one time my mum had had enough so

before my dad, my stepdad could even get in the front door she'd fly at the door and smack him one" (18, AAI, p.2)

"...my dad used to hit my mum a lot, so I used to do naughty things I suppose so he'd hit me not my mum" (22, AAI, p.1)

"...every day I used to be scared when he came home...I used to be really scared when I used to be watching him beat my mum up...seeing her half dead on the floor and stuff..." (22, AAI, p.6)

Interviewee indicates feeling full of rage

This was the case for 50% of the sample. Frequently interviewees expressed feeling rage towards a parent, and less commonly said that they felt generally angry.

"I get really upset and scared of him [father] but then after the initial fear, in a way you start to really hate him, like I really, like at one time I really did want to kill him. But like you just start to hate someone so much. And it's difficult 'cause you really like, the only reason I cry sometimes if he does it [hits participant] isn't 'cause it hurts, but because I think you're supposed to be my dad and how can you hurt me like this, it's like...I don't know, someone that you, they're so close to you that I don't know, they can make your life so hell" (Sarah, AAI, P.18)

"I hated my mum for kicking me out, but I hate, I did hate my dad more for not being there" (Richard, IV2, p3)

"...my kids are gonna be... not like me when they grow up...so full of hatred and hurt" (Claire, IV2, p5)

“I used to hate him [father]. As soon as he started hitting me I hated him, just hated him, despised him. When he went over to the Falklands or Northern Ireland I hoped that someone would shoot him and kill him. That’s how much hate I had for him....[long pause]..you know...The relationship between me and my dad just does not exist, I haven’t got a dad...yeah, that’s how it exists now, so if he ever stepped foot in front of me, I’d more ‘an likely knock his head off, I would...” (16, AAI, p.5)

“...a couple of years ago I had...quite a problem, I smoked quite a lot of weed, and when I drank at the weekend or something I was fucking, excuse my language, I would go off my head. I would constantly get arrested and she [mother] was scared of what I was doing” (19, AAI, p.4)

“I hated her [mother]. I hated her, I couldn’t stand her. She wasn’t motherly, she wasn’t caring, she wasn’t....she wasn’t helpful in any way whatsoever, she was a fucking cow to be honest, I can’t think of anything, she just wasn’t there. Same as my dad, they wasn’t there, no one was there, they was just not there” (22, AAI, p.2)

“I hated my dad...[pause]...I hated him, I couldn’t stand him. I hated my dad, that’s the only word I can think of for him. I wished he was dead, I used to pray he was dead....I used to pray he’d die every night. I just hated him” (22, AAI, p.3)

Interviewee violence

44% of the sample reported having perpetrated violence themselves. Some suggested they were violent pre-emptively, expecting violence from without. At other times the interviewee felt they wanted others to suffer as they did.

CE: When you were distressed as a child, what did you do?

Nadeem: Lash out...at anyone...including my sisters...

CE: Can you remember one particular time?

Nadeem: ...I could give you a string of 'em boy....this matey called me a paki, I got a chair, dashed it at him...erm...some matey, I got annoyed cause he drew a better picture than me, and that got me angry, so at break time I jumped on his neck, suffocated him 'til he hit the floor, and then started kicking him in....yeah...As long as I can remember I've always had a temper, but as I get older it's better innit...but erm....I think it was just...my philosophy was you beat me up I'll beat you up....well, I got beat on, so everyone else can get beat on innit, well that's the way I thought... (AAI, pp.6-7)

"...thing is, it takes a lot for me now to cry, like if someone hits me I really I don't know, pain, like physical pain, is not like a big thing for me. But I guess I used to cry, but then like my dad, or as I get older even now, like he'll hit me one, and I just, it hurts, but I get really angry, like instead of getting upset anymore about when people hit me I just, I lose it and go absolutely crazy. So I was getting really worried that I was turning into him, 'cause I was just like, I don't know someone's gonna hit me one day and I'll go mad and smack them back. And...oh, I get really angry, like fast. I don't know when I was little I used to cry obviously, like oh, but now I just go mad. I just think if you've made me feel like that I'm gonna do the same to you. So I'll smack people back" (Sarah, AAI, p.12)

"...the only thing I regret is that because of what happened with my dad I didn't...I accepted it when my first boyfriend used to hit me and stuff. Like I thought it was more acceptable 'cause that's just what happened in relationships. But then that like got proper extreme so I sort of got out of that. And I think...and like even now with my current boyfriend there's quite...sometimes quite violent arguments...Also with another boyfriend I was quite violent towards him and stuff. Like 'cause I used to catch him out, like injecting or something again, and do you know I just wouldn't think twice about like punching him and stuff, 'cause I think that was affecting me, I'm more violent. 'Cause that's what I went to prison for as well, like ABH, and I don't, that's 'cause I feel that's

what was normal to me. I know it's wrong, but I just, I think 'cause of that, growing up like that it had sort of...it's more common, just to think with my fists" (Louise, AAI, p.14)

CE: When you were distressed as a child, what did you do?

14: Smash windows. Um.....I used to be quite good as a child, I'd never take my anger out on a person, I'd always take it out on an object...not a person...

CE: When you were distressed, would your parents hold you?

14: Yeah, um...[pause]...'cause as I said I had quite a lot of problems when I was a kid, like they had to physically restrain me because sometimes I...when I got a bit bigger sometimes I used to, as I said I'd break the whole place up and they'd have to stop me really because otherwise there'd be no windows left or something like that. So I can remember quite a few times my mum having to like... sit on me to calm me down or something (14, AAI, pp.7-8)

"...one time, when I was about 6 years old, I couldn't get my rollerskates on, so I trashed my room. I pulled the curtains down, everything, so that you know I've always had a bit...strange temper...erm...inside me I suppose. Just get really frustrated really easily, I do" (19, AAI, p.7)

"She [mother] kept hitting me so I started hitting her back" (22, AAI, p.3)

Interviewee reports committing crime

This was reported by 91% of the sample, and ranged from stealing cars, to inducing violence at football games, to robbing strangers. Where involvement in crime was not reported during the AAI, participants had noted on the pre-interview screening tool that they had encountered legal problems as a result of drug misuse, so the percentage reflects this.

“I didn’t see nothing wrong with beating people up and selling drugs on the street”
(David, AA1, p9)

CE: When you were distressed as a child what did you do?

Claire: Kicked doors...Nicked my mum’s fags. Tell her to fuck off and go out. Go out with the boys and rob chemists...in the middle of the night. Try and break into phone boxes. Force screwdrivers each end. Used to work, don’t work no more though. Not that I would know. This was years ago though...Rob taxi men, not rob them but just get taxi’s and run off (AAI, p.9)

“I was a lot reckless as an adolescent, I was really reckless you know, I didn’t care who got in my way you know, ‘cause I was rebelling, you know, I went through that period that I just wanted to rebel ‘cause of what my father put me through. At that time I was going out and...went out and done what I wanted to do, you know? That was it you know I was just reckless as hell...Prison all the time...that weren’t...wasn’t a good time you know...I tell you what the amount of prison sentences I’ve done...you know, it’s ridiculous...terrible really...I ended up going out fighting, you know, going to football matches and what have you...getting led astray by pals you know” (16, AAI, p.15)

Interviewee reports stealing from parent(s) or caregiver(s)

24% revealed that they had stolen from their parents or caregivers. Theft often occurred early on, before the interviewee had developed a drug habit, though money or goods were also later taken in order to fund a drug habit. Typically food, cigarettes or alcohol were taken.

“I mean I started thieving and think that’s where it went wrong for me. I started taking things, and then started taking things from the family home and stuff like that, do you know what I mean, and mum couldn’t cope with me” (Richard, AA1, p.1)

“...yeah the last straw was that I stole my dad’s car” (Richard, AA1, p16)

“...when my ex sort of robbed from her [interviewee’s mother’s] bank, which was my fault ‘cause I’d ..I’d given him her card and he took like... like well over a grand than what we’d originally...I’d say borrow, that’s the word I used at the time...” (Louise, AA1, p4)

“I remember one day I broke into a little tin they [parents] had, and they used to go to the warehouse and buy goods and sell them at work and things like that. And I broke into it. It was a lot of money, about 600 quid and er...they knew about the drugs and that, and my dad used to say “tell me, tell me” and I used to say “I ain’t done nothing”...” (28, AA1, p5)

Interviewee’s basic needs not met/lack of basic safety

Accounts suggested this was the case for 50% of the sample. Basic needs includes both physical and emotional needs; a need for food and drink, warmth and shelter, but also emotional comfort and love, and protection from harm. The former was also taken at times to symbolise the latter. Interviewees tended not to state themselves that their basic needs had not been met, yet their descriptions of experiences of violence and environmental deficits left little room for doubt.

CE: Did you ever feel very frightened or not sure that you were safe?

Nadeem: Most of the time....it was part of the reason why I lashed out innit, 'cause I thought if I hurt them before they hurt me, it's alright innit, 'cause then I don't get hurt, do you know what I mean?

CE: Can you think of one example, a time when you didn't feel safe?

Nadeem: ...Just in general innit, it's like...'cause you never know when things are gonna switch innit, do you know what I mean, so you're always sat on the edge of the chair waiting for it, do you know what I mean?....(AAI, p.9)

Assia: [My dad] was a drinker, so he'd always be out drinking and that. And maybe sometimes there'd be no electric, I think there was times when there weren't no electric and we just sat there in the dark, or at a neighbours, yeah...

CE: Did the neighbours look after you?

Assia: Yeah, yeah, that's why they got concerned and that so they got social services in...Yeah 'cause we'd be more at the neighbours than at home [laughs]...we were only really little and they was adults and I think like they felt that they had to watch over us and that (Assia, AAI, p.4)

"[When separated from parents and living with grandparents] I didn't really miss them to be honest, it was actually quite nice just having nice quiet, you know, get out of bed, go

to school, come back and not be like oh Christ he's gonna like smack me one. I quite enjoyed it [laughs]" (Sarah, AAI, p.15)

"...that was how I grew up, not eating meals every day...er...man next door used to give me money and I used to buy sweets and biscuits and.. to feed my brothers and sisters, so it was pretty awful" (22, AAI, p.1)

"One day my dad came in and dragged me out of my bed when I was asleep and was hitting me, that scared me...I was fast asleep, I woke up being dragged about. That really really scared me 'cause I didn't know what was happening....But that happened a lot of times, but I can remember when that first happened I was about seven, the first time that happened that scared me" (22, AAI, p.2)

"I was brought up in er [South American country]...in poverty and that...basically it was kind of like, rough, there was no erm money, no work nothing, so erm basically, all I remember from being there is just er...thieving and that, to get food and that from shops and stuff 'cause we couldn't even afford to buy milk and bread and so on, so...that was kind of tough...'cause I was brought up in the favelas, the slums and that, it was kind of like, City of God, Rio. It's kind of rough over there, you don't see houses and stuff like that, so when I first come here it was like I had to adjust real quickly, 'cause like I was brought up with guns and drugs and stuff so...it was hard to adjust, coming here. 'Cause my older brothers they're all like into guns and all killing people, this and that, 'cause that was a normal thing, natural, it's like an everyday life sort of thing, so coming here it was kind of different" (24, AAI, p.1)

CE: What is the earliest memory you have as a child?

24: It's just er, it's just bad...seeing dead bodies and stuff like that, out on the streets, decapitated and...seeing people getting shot and stuff like that. That's it (AAI, p.1)

“He [mother’s boyfriend] was just horrible, he was just a bully. He was horrible. Like I knew every time my mum, soon as I seen my mum have a drink with her friends, she didn’t drink a lot say once a week, or once every fortnight, I knew she would get beat up that night, kind of thing, so as soon as I seen her have a drink, I just knew...Even now when I see her take a drink, I always think of it, I just can remember, all the blood and...”
(32, AAI, p.2)

“...one time I can remember, yeah, and that was when one of my mum’s boyfriends was round and...it was really late at night, me and my brother were upstairs in bed, and I can just remember my mum shouting ‘help, help’, and he’s got my mum on the floor, I dunno exactly what was going on or anything, but my brother jumped out the bedroom window and ran to a neighbour’s house and I was just stood at the top of the stairs and I was just shouting you know ‘leave my mum alone’, and er...but I was too scared to go down, because I didn’t know exactly what was going on, but then erm...the neighbours come round and...I dunno if the Police got called....yeah....so....I can remember that...”
(33, AAI, p.10)

Contact with own children

Only 15 of the 34 respondents had children, so percentages reflect the percentage of this number for whom the following applied.

Interviewee’s own child/children taken into care

This was reported by 20% of the respondents who had children. One interviewee explicitly linked her incapacity to care for her own children to the parenting she had received:

“They [parents and experiences] made me cold...they made me cold, even like towards my kids, my first child I didn’t even want him. I still ain’t had no bond with him from the day he was born and he’s now 20....23 I think he is. I started hitting him, doing to him

what my dad done to me so I told them to take him away before I hurt him...my second child I was completely the opposite, I loved him to pieces, and to this day I still love him so much. But I still couldn't look after him. So it broke me down with being a parent, I didn't have a fucking clue how to be a parent" (22, AAI, p.10)

Interviewee's own child/children left with other parent

This was reported by 87% of the sample. Of the children left, 85% were left by their fathers, with their mothers.

23: I worry about me transferring it onto my kids [interviewee is referring to his parents having been violent towards him, then him being violent in turn], yeah, yeah. That's why I've never stayed with my kids, know what I mean? I don't wanna be like them [my parents], know what I mean? And it would come out...automatically, I know it would, d'you know what I mean? When...you know, if I wasn't in control of it. I don't want them [my children] to go through that...

CE: You think it's very likely that you could do that ['transfer it' onto your children?]

23: Yeah, unconsciously, d'you know what I mean? When you're...you know, if I didn't keep it in my mind then yeah...I'm sure that it would come through automatically because it's something that was educated into me, d'you know what I mean? Through me not, through me not wanting it, know what I mean...I mean it was educated into me that that's how parents react...[long pause]...And it'd be subconsciously, that that'd come through in whatever you did, d'you know what I mean? Yeah I'd definitely be worried about it yeah.... (23, AAI, p.12)

Interviewee has no contact with own child/children

40% of those with children reported this being the case.

CE: You have three children...And two have been adopted?

25: My other two have been adopted by a couple that can't have children...and they're together, that's another good thing....

CE: But you don't have any contact with them?

25: Not with those two. My partner who has just passed away, his mum gets letters and photographs, so whenever she gets a photograph she gives me a copy, so I've got pictures of them as they've got older, but yeah, I don't have any letters or contact with them at the moment. But they do know they're adopted. They've got to know that, from day one, it's the law, 'cause of how it messed so many people's head's up when they found out, so now they've got to know, so they've got a photograph album that's got pictures of us all in it. So they know who we all are, and where they came from and everything else. That's good. And I know they're happy, so that's all that matters (25, AAI, pp.10-11)

4.4 Explanations Given for Drug Use Across AAI's

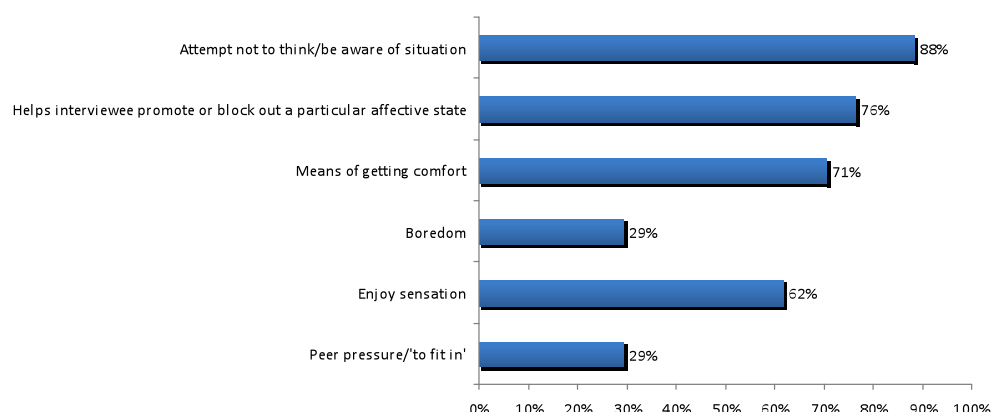


Table 4: Explanations given for drug use across AAI's

Attempt not to think/be aware of situation

This was reported by 88% of the sample. Sometimes participants explicitly stated that they used drugs in order not to think or to block out particular memories or awareness. As frequently however, respondents implied that they used drugs for this reason.

"...thinking away...thinking away...like...stop thinking...I use it to keep...to get away from my problems" (12, AAI, p.13)

"I went out to get a habit. I made that decision myself, to go out and get myself a habit...Cause I knew it would numb, and make me not think about things I didn't wanna think about..." (13, AAI, p.11)

"First time I started using drugs, I was just escaping....just sort of going home, just stops you thinking about things, stops you thinking about other people, stops you thinking about your problems, just makes life easier....so...just used to feel weird without drugs, so I used to take drugs to feel normal...so just to forget about things, not think about anything really....now I still think about things, but not as much as I did.....just the way my mind works..." (17, AAI, p12)

CE: When you were distressed as a child, what did you do?

24: Me, I just abused drugs and alcohol. Just to forget about everything....even from the age of like 9 and that yeah, used to smoke cannabis. I started drinking when I was about 10, 11, I used to drink to the state where I'd just pass out, black out, forget about what happened, not knowing what happened (AAI, p.3)

"...it helps me to not think about things. It stops me dealing with what's going on. It just helps because it just makes me forget for a few hours all the crap that's going on in my life. It just blots the pain out for a while....makes the day go quicker...it makes me numb, makes me not think and feel for a little while....just gets the hours go by so much quicker. Otherwise I'm just sat there and I'm getting depressed and...that just stops all that, kind of clouds your mind for a while. Yeah, it just takes all them feelings away for a little while" (26, AAI, p.12)

"...I never really bunked school, or anything. I always went because I didn't want to be around the house. That's why I think I started getting into drugs. I didn't want to be in, just wanted to be out, didn't want to be around them" (32, AAI, p.5)

Helps interviewee promote or block out a particular affective state

This was reported by 76% of the sample. Rather than blocking out thought or awareness, as in the previous category, interviewees sought to block out or generate particular emotions.

"I was angry, real angry one day, start punching my house, punching the walls, throwing things, stabbing the bed, I was going mad and I had a spliff, felt so much better" (David, AAI, pp.18-19)

“There are times, there have been times when I’ve used it when I’ve been really unhappy and I’ve used it to escape from it” (11, AAI, p.13)

“With cannabis I think I can...I’ve used it to calm myself down a lot...I used to get angry quite a lot, and I used to flip out quite a lot as well. But now I...like I don't get angry so, as quickly. I think, like I'll sit down, and say I went and had an argument, I'd come in and sit down, I'd be angry, but when I'm smoking that spliff all the anger goes out of my system. So I feel that I use it to keep control of my anger”(14, AAI, p.15)

CE: Why do you think you use drugs?

18: ‘Cause I was depressed...depression...[long pause]...feeling down... When you stop taking the drugs, all your feelings, all your emotions, they all flood back, hit you really hard. Then you have to go through it, through the emotions then (AAI, p.12)

“I use the same coping mechanisms as my mum. I think that has either come through because it's hereditary, flipping hell I don't know, or I've watched her cope with things through alcohol so I cope with things through drugs...when I'm on drugs things have just got a fuzzy outline you know? And I think I wish I'd never really taken that way from mum that that's a good way to cope with things...I don't like being sober. Which is stupid. I think a lot of it's boredom though, but a lot of it is...I get so unhappy. I worry so much about everything that I feel that if I, you know, dull it out a bit it's not so...you know poignant in my own mind” (19, AAI, p.15)

CE: When you were upset emotionally, what would you do?

22: ...[pause]...Just all I could do was cry myself to sleep...until I was 14 and I started picking up drugs...You just get rid of all your shit don't you, just take drugs and it just goes away (22, AAI, p.5)

"When you have pain you take drugs to take the pain away. And if your life's been full of pain it seems like you're gonna do what takes it away. If a cuddle took it away...but it didn't, drugs did" (22, AAI, p.11)

"I was put on Ritalin at a very young age, which as we know is an amphetamine, speed, an upper. Um, and that was basically to speed up a part of mind so I could get my top straight, I mean that's the way I perceived it anyway, even when I was a kid. Then I had to take another tablet to get me to sleep at night. So, and then when they stopped giving me that medication I felt very sort of drained and sort of low, as a kid, so I remember sort of at a very young age I used to buy little speed, well caffeine tablets, you can get them in America they're like, you know Pro-Plus, the ones you get in America are like 2, 300 milligrams, I mean they're far stronger. Like back then when you were hyperactive that's what they prescribed you back then...And I suppose most of my life has been basically self-medicating myself. That's what it feels like anyway, you know, just to get away from feelings, thoughts and emotions....'cause I find it, even now I find it very difficult...very difficult to express myself...even my girlfriend says it, you know what I mean, that er, I'm a pretty cold person, always have been all my life, as far back as I can remember. And er...the drugs, I know the drugs that I've taken has helped...block out certain memories and thoughts...every now and then I get, I get like....feels like panic attacks, I get really anxious inside, and I just want to switch that off....and sometimes I find it difficult to get to sleep, so I use a bit of brown [heroin]" (27, AAI, pp.9-10)

Means of getting comfort

This was reported by 71% of the sample.

“If I needed comfort...[pause]...er...from like the age of 17 onwards, it’d be buy some drugs, buy some heroin, you know, that was where all the comfort used to come from. Most of the comfort used to come from taking drugs, drinking, smoking, injecting heroin...That’s the way I used to escape from reality, to be comfortable...” (16, AAI, pp.7-8)

CE: If you needed comfort, what would you do?

19: I actually still have a comfort blanket...erm...which I sort of hold on my nose...that’ll calm me down but...I suppose in a way that’s why I turned to drugs, that was my comfort. You know, I knew it was there, and then my brain would be a bit foggy for a few hours and...didn’t need to be worrying all the time (19, AAI, p.8)

Relieves boredom

This was reported by 29% of the sample.

“...now it’s just boredom really. If I had a job I wouldn’t do half that, do you know what I mean? I’d be going to work, then maybe come home and have one spliff, do you know what I mean, and 2 beers or something, then just go to sleep. Do you know what I mean, but yeah, it’s mostly boredom and there’s not really a lot for people to do in [town], do you know what I mean, yeah there’s nothing to do. If the council pulled their finger out...made more workshops here and there for people of a young age then it might be a different place” (Nadeem, AA1, p14)

“But I’m also looking for a job at the moment, to take up the rest of my time, so I don’t have to be using nothing at all. ‘Cause it’s boredom that triggers it off” (18, AA1, p11)

“Yeah, it’s because I’m bored. I’m sitting in my flat, I’m not doing nothing... I’m like trying to find work and that, but I’m waiting for a phone call for work and...just sitting in, I’m bored, so why not have a spliff and just sit there and relax” (20, AA1, p12)

Enjoy sensation

This was reported by 62% of the sample.

“...’cause the first time you do it, you’re always chasing after that first time, like the feeling you get” (Louise, AA1, p17)

“And I sat there and tried some [cannabis] and I loved the buzz” (14, AA1, p14)

“... I can remember when I first took heroin, I was in my pal’s car and we were out towards X [town]. I started smoking it and it...whoosh that was it you know, it was just...I fell in love with it straight away, you know, it was that ‘everything’s perfect’ ” (16, AA1, p18)

CE: Why do you think you use drugs?

21: Mainly ‘cause I enjoy them. I mean younger it was, maybe it was a form of escapism, especially the solvent abuse and that but...I mean...mainly ‘cause I used to enjoy taking them. I did, I used to love the rush, that’s why all the drugs I’d take I used to inject... (AA1, p15)

"I like...I do like taking drugs. I love the feelings..." (23, AAI, p21)

CE: Why do you think you use drugs?

24: Dunno, cause one, I like the buzz... (AA1, p10)

"Well I just enjoyed them, the sensations and the feeling of escapism..." (26, AA1, p14)

Peer pressure/'to fit in'

This was reported by 29% of the sample.

"I think initially with cannabis like when I was younger and I used it, was to try and fit into a group of friends so that I could feel a part of something so like it didn't matter if my life at home was shit because I had my friends and could still have a good time to make up for it" (Sarah, AAI, P.25)

"I think it's because of the people I hang around with, 'cause I don't know how to say no" (David, AAI, p18)

"Oh, I started off, probably 13. When I started it was peer pressure. I remember we all, 4 of us, bunked off school one day and we all ended up in this little park..." (Simon, AA1, p27)

CE: Why do think you use drugs?

29: At first, peer pressure (29, AA1, p15)

CE: Why do think you use drugs?

33: Um... probably to fit in with certain people... (33, AA1, p14)

“...it was all through friends and things...you know...My mum and my grandparents were all so dead set against drugs and everything like that, they were just normal, you know. It was just the path that I chose to take with like different relationships and different friends, different groups of friends that I went with, that er... used to hang around with. That’s the reason I got into them, I wanted to fit in with that crowd, you know?” (33, AA1, p15)

PART TWO – CASE STUDY DATA

In this section I present the data obtained from the ten individuals with whom I met three times. I begin with their “Case Narratives”, which summarise their histories, drug use, and my impressions of their experience of the interviews. Table 5 then shows the intrapsychic factors I identified as commonly appearing in the Case Study data, and Table 6 shows the unconscious motivations for drug addiction that I identified. The Case Study data is interpretive, unlike the data presented in the previous section, and was arrived at using the technique described in the Methodology section. I discuss the data contained in these Tables 5 and 6 in the Discussion section.

4.5 Ten case narratives

Case One – ‘Nadeem’

Nadeem was an Asian male of 21, with two older sisters. He lived with both parents and his siblings until he was a year old and his father was killed in an accident. He told me his first memory was of being held over his father’s body at his funeral so that he could put an ink spot on his father’s forehead. About the death of his father Nadeem said;

“I don’t think I had no feelings, ‘cause I was just, well, like one year old innit, just being a baby...I used to be angry at him ‘cause he weren’t here, but it’s just stupid innit, I was just young...”

Nadeem said that his mother was deeply affected by the death of her husband, so that she was unable to go on caring for her children;

“she couldn’t handle the fact that he died and...[pause]...three kids running around wild and yeah...[pause]...just lost it really and we had to go and be put in care...[long pause]...She basically broke down and er flipped, innit, so her mind just, well I don’t know, seized up or something, dunno...” (AAI, pp.1-2)

It seems likely given Nadeem’s age when he was removed from his mother’s care that experiences he reported having with his mother had been told to him, probably by his sisters or social workers. However Nadeem recounted them as if they were memories. For example he said;

“my mum used to feed me sugar. Dunno why...she was a bit like...she lost it innit. I had to get loads of teeth out when I was a kid...I think she was like um...a bit slow like, d’you know what I mean? A bit not on the ball, but...not that bad, d’you know what I mean?” (IV2, p.7)

Nadeem also reported that his mother “was in the house, but not properly there” (IV2, p.9), and “not really able to be a mum, like with looking after us and feeding us and stuff” (IV2, p.10). It wasn’t quite clear whether Nadeem’s mother had been unable to care for her children even before her husband’s death, but I felt this was likely.

Once removed from his mother’s care Nadeem and his siblings were moved (initially separately) between several foster homes, before finally settling in a Children’s Home. In the various placements prior to this, Nadeem said that he and his siblings were frequently subject to physical violence and cruelty. I asked if he could tell me about one such experience, and he said;

“It was just everywhere, d’you know what I mean? Some places we got adopted, but got beaten up and what not, and then we told Social Services so then they had to move us on, and then other places was just foster placements and care homes, you’d get moved on anyway, yeah care homes, different places. It’s just always been a constant struggle really” (AAI, p.2)

Nadeem actually gave little detail of the abuse he had suffered, though it was clear he felt he had been affected very deeply by it. Within one particular foster home Nadeem told me he and his siblings were deliberately treated very differently to the natural children of the foster couple; being given far more basic foods to eat, being punished for accidents such as spilling drinks or for biting his nails by being made to stand with trousers down or being locked outside for long periods, and occasionally being punished simply because this was demanded by the natural children of the family, who then delighted in the punishment. Nadeem reported that he and his siblings were shown no kindness. He told me:

“I think back then, it was all about money innit, it was basically, they’d get £500 a week to look after us, so it was like great look after these kids, spend what £50 a week on them and we’ll keep the rest. I really do think it was like that...nowadays you gotta go through all the palaver, checks, you know what I mean, history checks, they do everything nowadays, but then it was like any Tom, Dick and Harry could foster a kid” (AAI, p.12)

When Nadeem was 7 he and his siblings were moved to a Children's Home, and there, he told me, they found some stability and reliable care. Nadeem had no contact with his mother between the ages of one and seven, but when this contact resumed he said; "I couldn't handle it". Eventually, for reasons that weren't quite clear, visits stopped. Nadeem said;

"Sometimes she'd know who we are and then other times she go and slap us, do you know what I mean, sometimes she wouldn't even recognize us,...and just ignore us" (AAI, p.2)

Nadeem conveyed that as a very young child he had not been helped sufficiently to think about his experiences and their impact, and that he struggled to manage his emotions:

Nadeem: I don't know what I felt really...just angry...so...just some emotions running around in my head...I guess I didn't deal with it that well...I couldn't show my emotions. I couldn't be sad or...it just come out as anger innit...that was the only emotion I could deal with back then... 'cause I was used to it I think [laughs]. D'you know what I mean? I was used to being angry and I couldn't cry...I couldn't show my emotions...I didn't know how to show them.

CE: You weren't around people who helped you to do that.

Nadeem: Mmm...when I moved to [Children's Home], they did. They helped me deal with all that...that's why I think it was a new start, a new beginning in my life innit. They opened me up, d'you know what I mean? I felt like I was living, in a way...[long pause]...I felt I was alive, instead of just living" (IV2, p.9)

I think because Nadeem had had insufficient help to think about his own distress, he was inclined to focus during our meetings on his protection of his sisters, and their distress. He told me that he had frequently become violent towards other children for example, in order to fend off actual or perceived attacks on them. I commented to Nadeem that he identified

his siblings as vulnerable and in need of protection, rather than himself. When I suggested to him that he had disowned his own vulnerability, whilst not going quite so far as to say he felt invulnerable, he did tell me he had just had to manage violence towards him from an early age, so that this was part of everyday life:

CE: It struck me that certainly as you were growing up, you were on the lookout in case something happened to either of your sisters. You'd be very much wanting to defend them and look after them. All the vulnerability was in them, you didn't see yourself as particularly vulnerable and needing protection...you felt you could look after yourself.

Nadeem: Yeah, I could, 'cause at a young age you had to innit, I had to like. I weren't scared of getting licked up, well, licked up meaning punched or...da da da, 'cause I got it when I got home anyway, so that was normal, so...I weren't really....d'you know what I mean, I just got on with my life, and things come my way I'd just deal with it, either in a fight or talk it down' (IV2, p.2)

Nadeem's experience of cruel and malevolent objects around which he also felt he could not afford to be weak, was conveyed in his descriptions of caregivers:

"I think they were trying to like, break us down, so they could mould us into what they wanted to. 'Cause you know when you like...you break down innit, you just like, someone else has to pick up the pieces for you innit, and I think they was trying to break us down, so they could pick up the pieces and mould us, like a Picasso picture or something, the way they wanted us, like confused, so we would obey them or something. D'you know what I mean? D'you know what I mean, like a dog. I think we was just pets to them or something, d'you know what I mean, I really do. D'you know what I mean they'd make us stand in the corner...we weren't allowed to watch TV, and her like nephew, niece, was allowed to watch TV, d'you know what I mean? I think we was just pets, expensive pets [laughs]. D'you know what I mean?" (IV2, p.12)

Nadeem told me that he didn't feel his daily alcohol and cannabis use since age 13 was problematic. He said he felt he just used because he was bored. His ecstasy and amphetamine use however (now infrequent, but Nadeem had used daily for long periods in the recent past), he saw differently, and as an attempt to lift his mood;

"I liked being that up, do you know what I mean....yeah basically...I liked the feeling, it made me feel good about myself, so that was addictive, and then once I was hooked I needed it to be happy, do you know what I mean, if I didn't have it I weren't happy, so, therefore, the pills was my happiness. It sounds stupid but that was the only way I could be happy" (AAI, p.14)

and to help him manage his anger, or to 'calm down':

'...if I was feeling angry then I'd, might use them as well, 'cause one day, I don't know what it was all about but I was just vexed innit, like really angry, and er, straight away, get 10 pills, do you know what I mean? Just to calm down. My mate was like no don't do it, don't do any, you'll just kill someone tonight, and looking back now, I could've quite easily...But yeah, I used to use them when I was angry to calm me down, to get, to get in a different world for a while....' (AAI, p.15)

I thought that Nadeem conveyed, despite his attempts not to, that he was very depressed. He understood that he sometimes used drugs to alleviate his depression and I thought his belief that he had become addicted to feeling good about himself, a state that could only be achieved with the help of drugs, was particularly insightful. Nadeem had a very upbeat way of talking, which I thought was also an attempt to stave off depression, yet I felt very strongly that he tried to use our meetings to think at some level about his experiences, and the pain he tried to avoid through drug use, and a characteristic way of carrying himself and of talking. This said, there were also times when Nadeem dismissed the idea that our meetings had any impact on him at all, or struggled with himself over the kind of impact our contact had made. The following rather long excerpt from our second meeting illustrates this:

CE: You spoke last time about some very personal things. I just wondered what the experience was like for you.

Nadeem: Er...[pause]...it's alright really, 'cause I've had to explain it loads, so...but yeah, just made me think a bit...[pause]...d'you know what I mean? That's about it really...yeah, it just got me thinking, about life and stuff but...[long pause]

CE: In what way?

Nadeem: Dunno, just where it was so deep and I hadn't spoke about it for ages so erm...[pause]...Just my past and...what I had to go through really, d'you know what I mean? Just refreshed it for me [laughs]...yeah...[long pause]...

CE: I wonder if that was really quite difficult, to think about these things.

Nadeem: Not really, erm...it was...normal for me really, d'you know what I mean? If someone asks me something about my life then...I just tell them innit, d'you know what I mean? I've done it all my life so...spoke to all my friends and what not 'cause they obviously wanna know and...[long pause]...mmm...

CE: You are so used to telling people about yourself, it doesn't feel so personal?

Nadeem: Er no, it don't at all. Just...I think where I just dealt with it at such a young age, it just become normal innit, d'you know what I mean? So now it's like off the tip of the tongue. Bleurghhh, d'you know what I mean....Which....you know it didn't really affect me, just had a cigarette and that was it, calmed down, back on with my life, d'you know what I'm saying? [Laughs]

CE: That afterwards you needed to calm down.

Nadeem: Yeah...it did bring up some feelings and stuff, but I just can't be bothered with all that no more, so I'd rather just look towards my future and try and fix that instead, 'cause you can't fix your past. So yeah, just looking towards my future now, know what I'm saying?

CE: So I wonder what you felt when I was encouraging you to focus on your past, when the way you approach that in your life is to say "I'm not going to think about that", and just look forward?

Nadeem: What? Sorry, what's that?

CE: What was it like when I encouraged you to talk about and think about your past, when normally you prefer not to?

Nadeem: What was it like? Um...[long pause]...don't know. It was just like talking about anything else, but obviously personal to me so...maybe I did struggle a little bit coming...I feel like where I've gone through so many bad situations, nothing's really that bad for me now. Er...dunno, 'cause I've had to face loads as a child, so I think I've gone through nearly all my fears, so like...I don't think much can affect me basically" (IV2, pp.1-2)

Case Two – ‘Claire’

Claire was 28 and the youngest of three daughters. She told me that her father was an alcoholic who was violent and verbally abusive towards Claire’s mother, whom Claire felt “cowered down a lot” (AAI, p.17) and was “weak” and “soft”. During our meetings Claire suggested both that she had witnessed a great deal of her father’s violence, and that she had been entirely protected from this. Claire’s view of her early family life and of both parents also oscillated wildly, all being variously idealised and denigrated. Claire said for example that she came from a ‘high class family’ (AAI, p.16), had ‘a very very good life’ (IV2, p.2), and also that “from the age of 4 or 5, probably 3, it’s just arguments all the time and there was tension in the house. It’s messed up” (AAI, p.20). Claire’s parents separated when she was 14, and Claire remained living with her mother. She maintained daily contact with her father until he became so unwell as a result of alcohol abuse that she felt she could not bear to be around him, and that he could not be helped. Claire’s eldest sister had distanced herself from the family before her parents’ separation, and during much of Claire’s teenage years her middle sister was serving a prison sentence for drug trafficking, so was also absent. As such, Claire had to contend with many difficulties without support from siblings.

Claire told me she was adored by her parents, but particularly by her father. She told me about spending a lot of time with her father as a much younger child;

“I used to always look to my dad all the time...he bought my horses for me and did everything for me. I was the youngest out of everybody and I got everything I wanted” (AAI, p.3)

She said that things only started to go badly wrong in their relationship when her father began drinking very heavily. When I pressed her to clarify when this was however, she said;

Claire: Well basically since I’ve known him.

CE: So throughout your life.

Claire: Yeah... (AAI, p.17)

Claire's father died whilst in police custody as a result of sudden withdrawal from alcohol when Claire was 19, and prior to this had been hospitalised several times because of his alcohol abuse and related psychological difficulties. Claire had also become pregnant a year prior to his death, and felt she could no longer sustain contact with her father;

"I thought, fuck you...I can't deal with your alcoholism, drinking your own piss and perfume. I've got my own shit to deal with" (IV3, p.5)

Of her mother Claire said both that "she worships the ground I live on really" (AAI, p.3), and that "she favours my middle sister more than me" (Ibid). Claire at points seemed to regard her mother with contempt, and at others suggested she understood that her mother was so demeaned by Claire's father that she was unable to defend herself:

'My mum was weak, a very very soft woman. Very low, very low. He [father] used to make her wear long dresses and everything. Right down to her ankles, you know. All covered, everything, basically she might as well been one of those bloody people who wear masks around their faces. Do you know what I mean? He married her, he's supposed to have loved her and he treated her like that. It's disgusting....It's bullying someone. It's bullying innit. It's bullying, but she always forgave him. She used to always take him back and forgive him. She always did. I thought that was the way life was. You know, living a parent life, that's how it was supposed to have been' (IV2, p.2)

In fact Claire seemed to feel that her mother was so weakened by Claire's father that she had been incapacitated, and as such was unable to express normal maternal concern for Claire. Claire for example told me that once when she was sniffing gas and lighting a cigarette at the same time (presumably in front of her mother), so that there was a small explosion and she was burned, her mother 'didn't even bat an eyelid' (AAI, p.8). I said to Claire;

CE: You seem to feel your father's treatment of your mother made her so preoccupied, that she wasn't really able to be concerned about you in the normal way.

Claire: I dunno...[pause]...we just used to take the piss, well not the piss out of my mum....well...we used to um, me and my sister...used to think oh fuck her. We keep doing this, doing that...My mum was very soft, very very soft and I don't think she had enough discipline on me or my middle sister...I felt that she wasn't enough, um, she cowered down a lot. She always said we should have been boys because we are quite boisterous girls' (AAI, p.17)

I thought that Claire's perception that her mother was "weak" aroused anger in Claire, and a wish to provoke her mother, so that she would respond in a lively way. Claire's disappointment when her mother did not do this was clear, and in turn her contempt for her mother was aroused.

Claire recalled at a very young age wearing earphones at night time in order to block out the sound of her parents' constant arguing;

CE: What happened when you went to bed as a child?

Claire: ...most of the time, they [parents] used to argue all the time. That's all we used to hear, so we used to sleep, with um our head phones on at night' (AAI, p.8)

Later, when again referring to this attempt to block out the sound of her parents' arguing, Claire also told me that she feared her home would be burgled. I felt she conveyed in this way her fear of being robbed of good mental objects, which was linked unconsciously with the experience of her parents' destructive coming together. I thought that Claire experienced her parents' union as frightening, and that it corroded of any sense she had of a healthy intercourse between objects. Instead she felt ransacked by a dangerous couple; an

out of his mind and abusive father and mother whose capacity to be a mother was seriously diminished.

Claire showed me that she had not experienced sufficient help as a child to tolerate this situation between her parents, so that she had had to deny having any feelings about it:

“...my childhood wasn’t really that bad, so there wasn’t really a need for me to be emotional. And when my mum and dad got divorced, I just said “ ’bye”, you know I wasn’t emotional, I don’t think” (AAI, p.10)

Claire’s tendency not to think in any depth about her experience and emotional life became evident during our three meetings. I thought this resulted at least in part from the lack of help she had to do this, and her experience of caregivers who had not done this themselves. Claire also emphasised that during her teenage years both her sisters had been absent, and I thought she had found this particularly difficult. Whilst Claire’s middle sister was imprisoned when Claire was in her early teens, prior to this Claire said that “we did everything together”, including “you know, she used to um, take me to crack dens”. Claire was only later aware her sister was using both crack and heroin, and was prostituting herself in order to pay for her habit. Later, whilst her sister was in prison, Claire began to go to crack dens alone to obtain heroin for her sister and pay off her debts. Claire said that because at this time she “was struggling” and “didn’t know how to cope”, and because her mother didn’t either, she became involved with a much older man and had her first child.

Claire told me that she had at points in her life become violent and self-destructive, self-harming, and drinking heavily, for example following her father’s death. She told me she had been in several violent relationships. When she spoke of one of these relationships, she lamented the fact that her very young daughter had witnessed her being badly beaten. Claire told me she had photographed her injuries and recorded in detail various attacks, as instructed by the police. I felt that when she told me this, she was also communicating about experiences she had had as a child, but she had been unable to process, and so which were stored as traumatic memories. Claire clearly felt angry that she had had to endure some very difficult experiences. She said:

“I think I just blocked a lot of things out as an adult. Since I’ve had my children...I think that if I didn’t have children, and I would probably be in prison by now and just think, you know, fuck the world and I’m off doing whatever I wanna do. Even start robbing people or something like that” (AAI, p.22)

Claire inhaled solvents daily for two years between the ages of 12 and 14, and began using cannabis daily at 13. This had continued until the time we met. She offered no explanation for her drug use when asked, except that cannabis sometimes helped her to sleep. Claire’s cannabis use seemed to help her not think where she lacked a helpful object that could help her to do this, or to digest her experience in a useful way.

I felt that Claire was so grateful to be able to talk about her experiences, though she also told me she had been very stirred up by the experience:

“...it brought a lot of emotions like out of me. Bought [sic] a lot of things out that I would never ever talk about. To nobody, not even my family...But it was very emotional, last session was very emotional. When I got home I was really down. And I ended up getting more, even higher anti-depressants from my doctor, through that session ‘cause um [it] bought [sic] me down. It brought everything out on me, everything out and it just...my whole body felt so limp and just not there and so he [doctor] has helped me with that...it really broke me down, big time, talking about my family and um things that I never thought, you know you’d ask a question and I never thought I would be able to say those questions. And as I’ve been able to say those questions to somebody I don’t really know, it’s had a lot of difference. Because I can’t talk like that to my family which makes me...think in my head...I dunno it makes me think it’s weird...But like talking about my...family, it is really really broke me down and it broke me down for a day, a day and a half I’d say. I wasn’t very well at all. And my next door neighbour took my eldest daughter to school and stuff so I really felt it. But I’m alright now...But it really broke me down. But it helped, in a way because I’ve spoken about it. And... but... it didn’t help in a way...yeah it has done a lot. Done a lot. But it’s made me feel a bit more, um, a bit more

hatred against my family a bit more, I dunno why, because I've talked about it...I've just been tolerating them at the moment" (IV3, p.1)

At the end of our third meeting, Claire asked me; 'can I have a hug?', and quickly put her arms around me. Afterwards I thought she must have felt very worried by the feelings that had been aroused as a result of talking to me, and that she needed help to hold herself together. Claire needed help to go on thinking about these things, and I think she was as much inclined to see her doctor for this reason as to obtain any drugs to help her manage. Yet she was not used to accepting help, I think having always told herself "you can manage without it, alone":

"I've been offered loads of things before like when I cut myself when my dad died. And I said no, I don't need nobody, I like, I'm like a crab, I hide things inside me and when I explode, I explode" (Claire, AAI, p21)

She told me that her mother would not understand her need to talk, and again I thought she was saying that an important object in her mind questioned the value of thinking through experience, even looked down on this;

"I wanna tell my mum I've been here. But she went 'oh why's that', she's done my head in, I can just imagine her voice now and I just...She would be like 'why are you going there for?', and be like that. She wouldn't understand, she wouldn't understand. She wouldn't understand because she's never...she wouldn't understand, no she wouldn't" (IV2, p.1)

Case Three – ‘Sarah’

Sarah was 19 years old and the eldest of two daughters. She left the family home at 18 in order to take up a University place. Sarah told me that her father was unpredictable and violent both towards Sarah and her sister and their mother, whom Sarah felt tried to protect her daughters, but was powerless in the face of their father. Sarah told me she remembered her mother being hospitalised following an attack by her father when Sarah was around seven years old, and her sister as a baby being punched and thrown by her father. Sarah feared that any one of them might be killed by her father:

“I came in from school, and my dad had kicked off about something with my mum, and he grabbed me by the throat and he wouldn’t let go, like usually he like grabs you, and he’ll be like, says something to you, and then like shoves you away and that’s kind of, like the most passive of it you get, but he actually had me properly by the throat like a long time, and I really couldn’t breathe. And my mum was like you know; ‘stop it, stop it, stop it’. And he just was like, oh, he was basically trying to get me to hit him, he was like; ‘go on, you think you’re so tough, come on, come on, hit me’...he was just like so horrible, like he, I honestly couldn’t breathe, and when he like let go I was like [makes sound like gasping for breath]. And I think the most frightening thing was when I actually thought like he could tell I couldn’t breathe anymore and he just carried on holding my throat, he wouldn’t let go. And I thought shit (laughs), maybe one time he won’t let go and I will die. Erm, oh, erm I pulled a knife out, oh this sounds really bad, but he’d been hitting me with a kitchen chair, like all down my back, it was actually killing me, I thought he was gonna kill me, so I just picked up a knife in the kitchen and grabbed like by his throat and was like just do it again, go on, do it again. And he was standing there like oh you think you’re so tough, and this is how invincible he thinks he is, he was just like go on then, stab me, stab me....and erm... and when my mum sort of like calmed me down, and she was like just leave it, he grabbed the knife and chased me upstairs and I had to like lock myself in the bathroom for like an hour, he was trying to unlock it so he could properly hit me. And I actually at one point thought he was gonna stab me cause he was like running around with a knife and I was like uh-oh, so, that’s like the times where I’ve actually thought he would like has got it in his head he’s gonna see like red and kill me, and so like...I mean like with him hitting me doesn’t scare me anymore, like I really don’t care. But like the thought that your own dad would kill you it’s like okay, or put you in hospital, is not good” (AAI, pp.17-18)

Though she conveyed hatred of her father during our meetings, Sarah also expressed concern about his isolation within the family now that she lived away from home. She said '...when I'm not around he's actually got nobody' (AAI, p.9). As if to justify her concern for her father, Sarah was inclined at points to minimize the seriousness of his treatment of his family, but she could not hold to this position for long:

'...when we were little he never used to like beat us up properly like with fists or anything but he used to slap us about a little bit, erm...like, but as you got older it's gotten worse, especially with me because my sister tries, she shuts her mouth and she just, he looks for arguments I've noticed. Like you can be sitting at the table eating dinner and he'll just pick up on something pathetic and he's just...I don't know, he goes crazy. I mean the earliest time I can remember was, this was when the police had to get involved, erm, my dog bought in a hedgehog from outside...it's not my mum's fault, and he was just like; 'oh this fucking thing's in here blah blah blah', and he was like smacking her about and he put her head through the video-cassette thing and was like punching her properly and the police had to come. And we went through and were like; 'daddy, daddy, stop'...I was 7, this was the time we had to run away, 'cause he had a restraining order put on, he just went crazy, he like practically, she was in hospital it was really bad, but like, he like pushed me into the door and he like, my whole sister's face down there [indicates side of face, by ear] was bleeding 'cause he like smacked her into the door frame...Oh, yeah, before he beat my mum up really badly erm, it was about 6 months before, and he had to take me and my sister to school 'cause my mum had just started a job as a cleaner, and he was like; 'for fuck's sake, do I have to take you', blah blah blah, and erm, he dragged me out of the car and I tripped over the kerb, and because I like wouldn't get up quick enough he like slapped me one and ended up breaking my arm on the erm, the pavement, and then he slapped me back down again, which doesn't make sense, so yeah...and he got arrested which was good (laughs)' (AAI, pp.6-7)

As Sarah reported such experiences I felt she wound herself up into a highly anxious state, which she then tried to calm by laughing. Below she does the same when giving an account of what was presumably a frightening experience of a potentially dangerous boyfriend:

“I broke up with this guy like a couple of weeks ago but that was like, I could just see it turning into basically my mum and my dad, I could just see it, ‘cause he was fucking crazy. Like he starts off really nice and then like the last couple of months I haven’t really been seeing him, I’ve just been going to Uni and...like he just trapped me in his house and wouldn’t leave like and I was like; ‘ok, I’m gonna go now’ and he was like; ‘no we need talk this out’, and I was like; ‘no I really wanna go’ and he wouldn’t let me leave and I was like; ‘ok, you’re weird’. And my friend had to come and pick me up and he like stepped in front of the car he wouldn’t like let us go, he’s just I thought oh Christ I don’t need another like dad in my life (laughs)” (AAI, p.21)

Sarah also told me with great concern that she sometimes behaved like her father, provoking arguments and using violence, and that she had chosen male partners whom she could dominate:

“Like boyfriends and stuff, I get, this is why I’m worried I’m gonna turn into my dad, like after a while, I’ve even turned violent on one of them and I’ve suddenly thought oh Christ I’m like my dad. He [boyfriend] was really pissing me off and, oh yeah he kept flicking through the channels and it was just really annoying me, I don’t even know why, I just went for him, proper slapped him round the face and then I like grabbed him by the throat and was like fucking cut it out, and he was just like...I don’t know...and I’ve noticed as well they always tend to be...I go for the opposite of like my dad, so I tend to go for people I can dominate, and then I get bored because you know when a guy’s like; ‘I’ll do whatever you want to do’ [in a mocking voice] and you’re just like ‘oh, think of something else to say’. I don’t know, I’m just worried that I’m gonna turn into my dad, like if I do find somebody I’m gonna go, become a crazy psycho, I don’t know” (AAI, p.20)

I felt that for Sarah there were only two possible ways of being in a relationship; violent and controlling, or subject to violence and controlled. Sarah said that as well as behaving on occasion like her father, she also felt her thoughts were entirely dominated by him, for example by what he would think of a particular decision or course of action. I suggested to her that this felt paralysing, and she agreed:

“And that’s why I can never make a decision about stuff, so I’m always like someone pick, someone do it...I think in the back of my head I’m just waiting to get like yelled at if I make a wrong decision, I won’t even take a chance on making one ‘cause I’m waiting for ‘are you stupid?!’...(IV2, pp.3-4)

Sarah conveyed very mixed feelings about her mother. She felt her mother always encouraged her and tried to help her with difficulties outside of the home, yet within it Sarah felt her mother was so at risk herself that her attention was largely taken away from Sarah and her sister. Sarah said she often remembered going to bed as a child and listening to her parents arguing violently downstairs, and feeling terrified her father would murder her mother:

‘...most nights...[pause]...I don’t know you’d start to hear my parents start to argue. It’d start off around 8, like I’d probably be trying to read a book or something ridiculous, and you’d start to hear it kick off, and it’d happen every night, and they’d be up ‘til about one in the morning fighting and arguing and I could hear stuff getting smashed about. So quite a lot of the time I was sitting there thinking is he gonna kill her, is he gonna kill her? Like that time when he got arrested I was actually like oh my god I can hear him killing her, like he was proper smacking her against the wall and I was like whoa!’ (AAI, p.11)

Immediately following this Sarah described a violent incident which took place at her home when she was about five years old, and which she felt she had to manage, her mother being unable to:

“...the earliest fight [between parents] was when my sister, she’d drawn something on the fireplace, she was about two and a half, three. She just picked up some coal and did that [waves hand] across the fireplace. My dad came in and went absolutely mental at her, proper grabbed her, chucked her upstairs and was like, she was crying, and he smacked her one. And I think her ear or something, not her inner ear but like the outside of her face here [points to ear] was bleeding down her neck. And my mum is obviously gonna kick off ‘cause she’s only a baby and erm, like he was punching the crap out of her and my sister’s like covered in blood here [points to ear] and I was like what the hell do I

do sort of thing? 'Cause I'd only just started school and they said if anything happens just ring this number, and I was like oh, should I ring it, should I ring it? So, and I ended up ringing 999. I don't know, I...then I felt, I don't know then he filled me with guilt 'cause it's kind of like telling on your dad sort of thing. He was like; 'you're the reason this family has been split up' and it's kind of like well no, you're punching the crap out of somebody, what the hell? I don't know, he blamed me for when he got arrested 'cause I obviously rang the police that time as well, and, don't know..." (AAI, p.11)

Sarah conveyed both disbelief and anger that her mother would not stand up to Sarah's father;

"I had a fight with my dad...and erm, I knew he was in the wrong and my mum was just like; 'don't say anything', and I was like; 'I'm not having him talking to me like this because it's not funny what he's saying', he was trying to blame me for something and he was just talking out of his arse. And I was like; 'I'm not...', that was it. My mum came through, he wanted to watch the football, my mum came through and put a table out for him and she put the food on the table. He was like; 'get me a fucking drink'. She went through and got him a drink, he was like; 'you can pour it out'. 'Where's my napkin?' So she went through and got him a napkin and everything. He took one mouthful of the food and was like; 'I can't believe you're feeding me this shit', shoved it all over the floor, got up, pushed my mum out of the way and was like '...fucking stupid in this house' blah, blah, blah, blah, blah. So I went off on one, my mum's going; 'just leave it, just leave it', blah blah blah, and she wouldn't like, defend herself, and that made me angry at her because I was just like; 'for the love of god, he's an arsehole'. I wouldn't, I mean if some idiot did that to me I'd put their, I don't want to turn into my dad but I'd probably put their face through the wall. And she was just like 'no just leave it, just leave it', cleaning it up. I was like 'make him clean it up!'" (AAI, pp.16-17)

Sarah was aware that as she had got older her father had become increasingly violent towards her because Sarah would set out to draw his violent attention away from her mother. Sarah felt she 'got no thanks' for this from her mother, and no reciprocal help either:

“There have been times when she literally just stood there and let it happen [Sarah get beaten], and you’re like; ‘thanks a lot, like I’m helping you out here’. And the amount of times that I’ve stepped in like when she’s getting in big trouble, and she just doesn’t....I don’t know she just kind of stands there and she’ll be like ‘oh stop it, stop it [puts on a weak voice]...” (IV2, p.10)

Sarah’s mimicking of her mother, above, conveyed great contempt and anger towards her, yet this was mixed with fear concerning her mother’s fate, which Sarah attempted to dismiss:

Sarah: I’m worried what’s going to happen to my mum....if it’s just them [mother and father] in the house all the time....mmm.....I don’t know....oh, [very faintly] it’s her own fault [laughs]...

CE: It’s her own fault, did you say?

Sarah: Yeah...I don’t mean that in a horrible way, it’s just that like...if she’s stupid enough to stay with him then she’s gonna....like we’re both leaving soon then she could do the same... (AAI, p.3)

When Sarah realised that her mother felt unable to leave her father, she was both confused and angry:

“When we were little and she left him for a while, erm, like I thought that was it, and even though I was obviously upset ‘cause of the family home getting ripped apart, but you’re just like....I don’t know....it made me think basically.....when she got back with him and he used to kick off after that, not in a horrible way but I used to think well you deserve it, you’re an idiot for going back...and that’s the thing, then she used to complain about it, and you’re like ‘okay, you sort it out’, like she could have left him for good, but she didn’t....which I don’t blame her for ‘cause you know it’s her own decision and everything but I think if he’s gonna act like that what do you expect? If you let him get

away with it this far, and let him come back, it can't be that bad in his eyes, so.....I think he's broken her down though, like she's really ill at the minute" (IV2, p.11)

Despite her failure to adequately protect Sarah, I felt Sarah found her mother to be comparatively nurturing and concerned for Sarah's wellbeing. It was surprising then when Sarah gave the following account, since it suggested her mother too was intolerant of illness, which I think also stood for distress:

"...my mum's...my family are kind of like, just get over it, if you've not, if you're not actually gonna die from it you can pretty much get on with it, sort of pull yourself together and just....do you know what I mean, your arm isn't gonna drop off so just get up and sort it out, carry on..." (AAI, pp.12-13).

I think Sarah told herself to hold on to so much of her distress, rather than express it. Thus during our meetings, though I thought Sarah was relieved to be able to talk about her experiences, she was very wary of showing me how upset she felt by them.

Sarah had used cannabis daily for 6 years and told me she did this partly in order to suppress the anger she felt towards her father. I thought it also helped her to deny the impact of her father's treatment of her:

CE: Do you relate any of the things we have talked about today, about your family and early life, to the fact that you use drugs?

Sarah: I think my dad, I just think getting away from him. Like even now, like now, definitely especially when I've been going home, like the Easter holidays when he was pissing me off, instead of getting angry at him I'd just leave, smoke a spliff and I really don't care if he hits me or whatever, you're just not with it, you're so chilled out about everything you're just; 'it doesn't matter', you know; 'who cares'. I think that's the thing. Yeah basically I just

don't want to have to deal with anything, any problems, feeling bad' (AAI, P.25-26)

Sarah emphasised that she turned to her drug in the belief that it could prevent her becoming angry, yet I thought when she tried to smoke out her anger, she instead became very depressed, and then felt she needed to smoked more to avoid this feeling. Her continued heavy use of cannabis was understood to bring detachment from all feelings, and Sarah knew she sought it out for this reason;

'...it's like a vicious cycle, like something would affect you, like something would go wrong, and instead of like dealing with it, I'd be like right I'm gonna deal with it, have a spliff, you don't care about it anymore. So then the problem's still there, you haven't dealt with it. And its just ended up getting worse, cause when you finally come back off the weed you're still worked up, and in fact you're worse because you're feeling depressed and you're feeling extra paranoid, wait, have another spliff, and you carry on doing it, and your problems just keep mounting up and up, and I just wouldn't deal with anything 'cause I was so stoned most of the time, so I wouldn't have to think about it, if that makes any sense. And then, I don't know, it just builds up and builds up, and I'd just carry on smoking I'd be like I don't wanna feel bad, I don't wanna feel bad about anything. And you just wanna feel like nothing' (AAI, p.25)

I think Sarah realised that her experiences in her family had had a devastating impact on her. Whereas initially it seemed important to her to show me that little affected her, as we talked and I think as she found me not to admire such a position, she revealed how deprived she felt of helpful, loving parents and how humiliating this deprivation felt.

Case Four – ‘Richard’

Richard was 31 years old, with a sister two years younger than him whom he said was the “good girl of the family” (AAI, p.1). He lived with both parents until the age of 15 when he was taken into care or “offloaded”, as he put it, because his mother could not cope with his behaviour, which Richard regarded as “just general boy stuff, just being a bit boyish you know...my mum thought she couldn’t control me” (AAI, p.1). Richard stressed that “I wasn’t really committing crime” (AAI, p.1), but that he was “taking things from the family home” (AAI, p.2) from around the age of 13. Richard told me his mother was an alcoholic, but that family life had broken down because his father was a workaholic, “because he was just more interested in work, work, work, work, work. Not dealing with me” (AAI, p.1). His father’s lack of involvement in family life Richard clearly found acutely painful, and he emphasised the lack of guidance and discipline he had experienced, which he felt he had needed so much. To Richard’s mind both parents were absent. The fact that his mother drank heavily contributed to this, though Richard said he particularly resented the lack of time spent with him by his father.

Richard, though he told me he felt he had missed out on some vital contact with his father, was inclined to dismiss the importance of this in the same sentence: “...more attention from the old man would have been lovely, but....such is life” (AAI, pp.5-6). Richard did feel he needed his father to help him with difficulties. When he had a problem at school and felt his mother could not help him, he also knew;

“I couldn’t tell my dad. I wanted to tell him but you know, he was just...he was too busy doing his work. You know, he’s not somebody who you could, could say dad can you help me, I’m having trouble at school. He just wasn’t interested” (AAI, p6)

I thought this was incredibly painful for Richard. He told me that he had received no affection from his father as a child, and when I asked if he could recall a particular occasion when he felt this was lacking, he said:

“I just never had any attention off him, full stop, period. There wasn’t one particular time, it was like it all the fucking time...I had my first cuddle with my dad when I was

28...dad was never there, he was always buried in his books. It was just the way it is”
(AAI, p.6)

Again, though Richard attempted to dismiss his sense of deprivation with his last comment, clearly he had desperately needed and wanted his father to be involved in his care:

“It would have been nice, you know, if he could have bathed us. Just he was all so cold and never got involved in that, that side of things. That to me is cold. You know I see friends now who look after their sons and daughters and that, and it’s just nice, just little things like that, innit, that make all the difference. Hmmm...[long pause]...sorry, it’s quite hard” (AAI, p.6)

Of his relationship with his mother, Richard also said:

‘It’s not a loving relationship, by any stretch of the imagination. We are not close...You know, never got cuddled. I don’t remember any of that when I was a kid. I never really liked it, to be fair. To be hugged and kissed, urgh no. It wasn’t really my cup of tea. Dunno why’ (Richard, AAI, p.3)

Richard emphasised so much the lack of physical affection he had received. I felt that in order to cope with not having had his need for this met, he had told himself he didn’t need or want this, and even that it was quite distasteful. In response to a lack of affection from his parents Richard said he himself became ‘quite a cold person, quite harsh’ (IV2, p.12), and that drugs had at times helped him to sustain this attitude towards others, or to split off his need for love and affection from them. Richard said that he always felt he had to conceal emotional distress or anger; that he had not had help from either parent to manage his emotions. He said he felt this had impacted on his adult relationships enormously; to the extent that he became over-involved with partners, smothering them or overwhelming them by demanding they meet all his previously unmet needs. He also said very realistically however; “I believe a tight family unit with a lot of love can certainly develop your children in a different way” (AAI, p.16)

Richard told me that “my mum obviously loved her alcohol before I was born” (AAI, p.15). He recalled her hiding bottles, her denying she was drinking, and him feeling very ashamed of her drinking. To illustrate this Richard recalled a humiliating experience when once his mother had gone, drunk, to his school to speak with teachers about an incident of bullying towards Richard. He said he felt so embarrassed that she was ‘not normal’. He also felt that his mother was hostile towards him when she felt she couldn’t cope with his behaviour, and that she had punished him for this by putting him in care. Further, he reported that his mother had lost a baby when he was in his very early teens, and had blamed this on the stress Richard caused her:

“my mum could be quite cruel verbally when she wanted to be. That [blaming Richard for her miscarriage] was cruel. Likewise when she told me about my old man wanting to get rid of me when I was a baby. You know, she didn’t say that all calm and collected, that was in a heat of an argument when she was in my face” (IV3, p.9)

Richard felt that his parents lived separate lives, and that there was little lively contact between them. He only recalled his mother turning to his father to demand he ‘do something’ about Richard’s behaviour. Otherwise he said his father would be working, and mother either drinking or trying to make up for the last episode of drinking. Years later,

‘...when he [Richard’s father] told her [his mother, that he was leaving for another woman], she was blind to it, she never even saw it coming. Me and my sister were like, how could you have not seen it coming, you just got worse and worse and worse, as the years went by, you just got worse and worse and worse. You never wanted to help yourself. I know my mum has got a lot of baggage herself, I’ve tried to go and get her to go and see a counsellor, you know talk it out and stuff like that, but she wasn’t interested. She just drowned herself in drink. And then in the end, my old man, obviously just had enough’ (IV3, p.4)

Richard also believed that his father had prevented his mother from developing outside interests which might have enabled her to cope better with Richard, and family life:

“A lot of my friends had mums who were very independent and yeah, my mum was like a robot. She just wasn’t strong at all, she just wasn’t, no independence whatsoever. You know, she just, yeah, like a robot. And that’s partly my dad’s fault I think. You know, he kept her in, recluse, you know. I don’t know how to describe it...He never let her out, experience life, by herself, you know what I mean? Never gave her a life by herself. Never let her have outside friends...I reckon he was the instigator for her becoming the alcoholic she is today...yeah, I believe my dad was at fault for that” (IV3, p.10)

I felt unconvinced that Richard’s sense of his mother as a “robot”, presumably meaning that she lacked a capacity to be spontaneous and creative, as well as genuinely loving, could be put down solely to his father’s treatment of her. Richard had also told me that his mother had herself had an especially difficult childhood; “she had a lot of issues in her childhood, she was abused when she was a kid and stuff like that...she had it tough” (IV2, p.7)

I thought it seemed clear that Richard behaved in the way he did, stealing for example from his parents, in order to take from them the things he felt entitled to that they did not or could not give willingly, specifically their love and attention. His behaviour however resulted in his being removed from his family at the age of 15. Richard said:

“I remember having a round the table at Social Services, you know, crying my eyes out saying “why can’t I come home?”, and my mum saying “I just can’t handle you now. You’re too much trouble, you just can’t settle down. Lie after lie. Thieving after thieving”. That kind of thing. It was quite hard sitting there. Listening to your parents saying that. I mean my dad weren’t even there, it was just my mum. Yeah, it was quite hard” (IV2, p.12)

During our meetings Richard told me about two significant losses by which he was clearly traumatised: The death when Richard was 10 years old of a great uncle with whom he had spent a lot of time and who was very affectionate, and that of a close friend who was hit by a

train when Richard was in his late teens. On both occasions, Richard took himself off to grieve alone; when he was 10 he locked himself away in his bedroom, and following the death of his friend he said "I just missed him so much I just drowned myself in drugs, drowned my sorrows in drugs, to be fair. I was, you know, I was lonely without him" (AAI, p.14). I thought these were genuine experiences of grief in their own right, but that in telling me about his grief on these occasions Richard was further communicating the terrible experience of mourning a helpful mother or father, and the unbearable loneliness he felt as a result of this.

Richard linked his parents' absence specifically to his drug use, which began in earnest when he was actually removed from his parents' care. Richard's response at that point was to annihilate through drug use all feeling about separation from his family. He said:

"I didn't really talk about it, I just got drugs, drugs, drugs, and just having fun...I thought I wasn't just going to be miserable. Like that. I don't need that. I'm just going to have loads of fun. That's what I did do" (IV2, p.12)

Richard initially used, cannabis, alcohol and amphetamines heavily, but by age 19 he had progressed to crack and intravenous heroin use. He told me that then he realised he was seeking an experience of closeness and holding through his drug use, which he regarded also as an attempt to block out awareness that his parents (and particularly his father) had failed to give to him. He said:

"...perhaps if my dad was there, a little bit more caring, a little bit more loving, a little bit more joined in, with me, as like a father and son type thing, I may of not looked for that feeling elsewhere" (AAI, p.17)

Richard considered his drug use prior to being separated from his family however, as also a means of getting away from his experience of his family:

“I just didn’t want to be at home or around home I suppose. You know if I came in high, I wasn’t really paying attention to them, you know I was just stoned. You know, come in, eat and go to bed. That was it, I didn’t really engage in family life. Because it wasn’t worth engaging in. You know what I mean, it was just turmoil. So yeah, I reckon it’s always been a way out for me, you know” (IV2, p.7)

I thought that in one way Richard set out to make the best possible use of our time, by which I mean he intended to process some of his experiences using whatever help I could offer. The fact that he could do this suggested very clearly that he had had some understanding from somewhere, at some point. His ability to recognise an opportunity for help and to make the most of it pointed to this. It may have been the above experience with his great uncle, or with friends, rather than parents that enabled this. However, just as Richard was often inclined to minimise the impact on him of some very difficult experiences, he also, having used the time with me to think, came back after the first and second interviews and told me that he had really not been affected that much by the thinking we had done:

“It was quite hard to talk...digging up old memories about life. It’s not like you know...I don’t dwell on it a lot, it was quite hard to, you know, on the spur of the moment go back and think about certain things...I left here thinking well...a bit...Bedazzled. Thinking about things from a past time, you know what I mean? So yeah. But I got over it [laughs]. Yeah. I moved forward. It was alright, it was alright” (IV2, p.1)

“I must admit that when I left here, talking about, thinking about past events and that, it doesn’t really affect my life now. So it’s just a quick thought, then carry on with my normal life...I wasn’t really fazed. When we first did it I was, ‘cause it opened a doorway, you know, in my mind. Even that night I thought about it a little bit as well, so I mean...no, not really, just carried on as per normal” (IV3, p.1)

I thought Richard had effectively shielded himself from some of the pain that clearly had been generated by our talking. Also, I was led to wonder whether just as Richard dismissed the impact on him of our contact, so he minimised the value of some of the good care and understanding he did get from his parents. In other words perhaps there was something

about Richard that made it difficult for him to recognise or value help and good care or understanding where it was given, even if he took some of what was on offer.

Case Five – ‘David’

David was 19 years old and the only child of two drug addicted parents. He told me that when he was three years old he was present when both his parents were shot dead in the caravan where they lived. David later understood that their murders were drug related; his father had been a drug dealer and was killed by another drug dealer. Some details of this experience and his early life David said he remembered himself, others he had been told by later carers or social workers; David was often unsure which were his own memories. However, he told me;

‘I remember what happened that night. I remember I was sitting in the kitchen, on the kitchen floor. Um, and my mum and dad was talking about something, next minute the doors come open and...I saw they were very afraid...probably I remember more but I just...maybe I choose not to remember it...I was proper frightened. I was hiding under the, well the Police found me hiding under the kitchen table crying. Um, and I remember when they dragged me out of the house, ‘cause I could see the kitchen and all [presumably where his parents’ bodies were]...that’s all I keep seeing, every time I close my eyes at night...I see them when I fall asleep. And I wake up in the morning and that’s the first thing I think about...’ (AAI, pp.2-3)

Prior to her death, David said; ‘I did have quite a close relationship with my mum’ (AAI, p.3). However when I pressed him to say more about this, and asked what he thought contributed to his sense that he and his mother had been close, I thought he became anxious. He responded;

“I dunno...it sounds weird but I just got a feeling...I just know it was something that was, like, um...I had more of a connection with her than I do with my dad...I used to scream for my mum, I wasn’t screaming for my dad, ‘cause the way I see it, he was a man, he can look after himself. My mum, a woman, can’t look after herself, so I was screaming for her” (AAI, p.4)

It seemed David had feared his mother was at risk, though he was unable, or decided not to say more about this. The only other thing he told me about his mother was that he was once

terrified when she left him in a shop by mistake. He said; 'her drug use was so bad that...I don't really know if she would even have noticed that I wasn't there' (AAI, p.10). David seemed to know that his mother's addiction interfered with her ability to care for him in the normal way. Whilst it was impossible to ascertain what sort of maternal capacities his mother had to begin with, I suspected David felt these were few.

Of his father, David only said that he was not often at home, and that their relationship was 'fake' (AAI, p.4). When I asked him to clarify what he meant, David said 'I had love for him but obviously I didn't...I didn't know what love was at that point, 'cause I was three years old' (AAI, p.4). David suggested he felt very neglected by his parents together. When I asked him if he ever felt rejected, he said;

David: All the time. Because they would just leave to do anything they wanted. If I was crying 'cause I was hungry or something, they would just...leave me to cry, just let me get on with it. If I fell off the sofa, hit my head, they'd just leave me...

CE: Can you remember that time, what happened?

David: I was sitting on the sofa and I literally just...I was leaning forward to see how far I could lean forward. And I fell off the sofa, I fell off and hit my head and my back, I remember that, and they didn't do anything...[long pause]...That's when I started to feel rejected and um...felt like I was on my own' (AAI, p.10)

Following the deaths of his parents David was taken into care. He remembered being moved between many different placements, including being adopted twice. All placements failed, David said; 'because of all the problems I had in my past...because I couldn't talk to no one about it...they [carers] couldn't cope with me' (AAI, p.1). David however did tell me about a man who cared for him when he was around five years old, who was also later murdered, in whose care he felt safe:

David: I was left in this place where they keep children...um...

CE: In a children's home?

David: Yeah. And um he was basically looking for a child to look after, whatever, um and then he chose me to go with him....he showed me love, he showed me love...I remember I was um, I was fishing one time, well not properly fishing, I was just messing around. And he came over and taught me how to fish properly...He just sat there with me and encouraged me, kept saying "don't give up"...I felt safe with him. I didn't think he was gonna throw me away, like everybody else had just thrown me away. Or that something bad was gonna happen to me. It just felt good, just felt a good feeling. Just...[long pause]...felt safe for once in my life...I felt safe (AAI, pp.4-5)

David recalled feeling so angry as a child, and this man attempting to help him manage this feeling:

"...he would annoy me sometimes, just on purpose to see if I would start throwing things, smashing my toys up and things. And I did for a long time, absolutely ages, and then slowly, I started calming down and calming down and calming down...I had a Thomas the Tank train, I loved it and um, I smashed it up. I was smashing it up and throwing it...it hit the wall and broke up, I felt devastated. And I didn't know what I'd done, 'cause usually I would throw things and they'd just bounce off, they wouldn't break, they'd just be in a different part of the room or something. And this one time I threw my train it broke...[long pause]...And I was devastated....He helped me, kind of glued it back together and it still worked...[long pause]...He said "if you hadn't done it, it wouldn't have broken" (AAI, p.6)

I thought that in smashing up his toys David expressed the harm he felt was done in his internal world to good, but vulnerable objects. David was trying to find out whether his toys, standing for good objects, could withstand attack, including his own aggressive impulses. I

thought David must also have wanted to punish his parents, both for abandoning him when they were killed, but also because they were so neglectful prior to this.

Though he said he felt safe with the man who helped him patch up his “Thomas the Tank” train, David also later told me that this man “taught me a load of bad things as well so...[long pause]...that kind of jeopardises my feelings about him” (AAI, p.6) He questioned over the course of our meetings the kind of care this man had provided. For example he told me;

“I was told [by him] never to love anybody. Rule number 5. Don’t show any love. Love will get you killed. Don’t ever show love to nobody. ‘Cause if you show love then people know you are weak. And that’s what I grew up believing. And as I’ve got older I’ve kinda, I changed that because that’s ridiculous. You need love in your life to be...happy. But everyone, the only person they love and look after is themselves” (AAI, p.15)

David explained that he deprived himself of love, having been told this, and looked down on the part of him that wanted to be loved:

CE: I wonder if there’s a pattern whereby you admit to yourself you need love and you want help and to be close to people, and another part of your mind sort of kicks in and says “you’re not allowed to want that”.

David: Yeah. That’s basically it, as well, innit. As soon as I start thinking about it, it’s like “nah, you don’t need that. You never had love, why do you need love now? Look at you. You’re fine, you are still alive, 19 years old, you are still young. Still alive, why do you need love, you don’t need that”. And I think it would be nice wouldn’t it, just to ... have what I want for a change. And then I start saying to myself, “no you don’t need it, it’s cool” (IV2, p.9)

I thought that David felt literally starved of love and affection, and that he did not have enough good, helpful objects inside to sustain him. He felt he was not strongly held together. He told me about the first time he vomited:

“First time I threw up, I thought I was going to die. I didn’t know what was happening. ‘Cause I’d never felt myself being sick, um and I was being sick all the time, and I thought I was dying, so obviously I thought my insides were coming out. Like stuff was dripping out everywhere, ‘cause I was throwing up” (AAI, pp.6-7)

I thought David conveyed how bad and rotten he felt he was inside. He told me he only felt capable of harming others, not of loving them. He conveyed that he felt good experiences were not open to him, because he corroded them; they turned bad on contact with him, and that other people too were only harmed through their contact with him. During our third meeting David described having recently met a girl who seemed to care very much for him, and he said he felt very afraid for her. I thought he was very worried about the effect on me of having made genuine contact with him:

“I met this girl, X, last week. Basically she wants to go out with me and everything um and we went to a nightclub and I got drunk... as I do, um she was drunk and we was walking home up X Road, go stay at my mate’s house, on the way up X Road, that was near X, on X Road. And a load of people jumped out of the car and started chasing me, threw me to the floor, dragged me in the car. And put a gun to my head and said “if you don’t do this and that, you’re dead”. And if it wasn’t for that girl, I wouldn’t be here today. ‘Cause she spoke to them. She even got a slap from them, a punch in the face. From these people...but for me. But she stopped them from killing me right there and then, in that car. And that shocked me. ‘Cause that’s why I’m starting to think, it’s not just me who is getting affected, other people are getting affected. She didn’t need to do, see that, she didn’t need to know that, she didn’t need to get that punch in the face. But she did, ‘cause of me. ‘Cause of my actions, she got hurt. ‘Cause of my actions she saw someone put a gun to my head. Because of me, she is now scared that I might not come home, and I’ve got to do this, duh, duh, duh, duh. She’s at home right now, she knows where I am now. She’s worried. I know she’s worried. And she shouldn’t, she shouldn’t worry about me. All because of my actions, ‘cause I’ve done the things that I’ve done. She might not know, but ah she worried, obviously, but she shouldn’t worry as much as she worries. And that’s why I am starting to feel bad about myself because everybody else is starting to get affected. ‘Cause, I know how it works, on the street, if you can’t get the person you are looking for you go to the closest thing to them. And there is a lot of

people who are close to me that could potentially get hurt. And why are they getting hurt. 'Cause of me" (IV3, pp.5-6)

I thought however that something good did come from our contact. It seemed that my having shown interest in his mind, David began to think more about other minds. He told me that as a result of our meetings:

"I'm feeling things that I've never felt before and I'm a bit scared because I don't know what's happening to me. I really don't. Um, it's like, I went in like for some money, like a couple of days ago, didn't have no money so I went into the town centre to go boxing people for some money. Couldn't do it. I couldn't do it. I actually physically couldn't do it and I was shocked. My boy was like; "what's wrong with you?" I was like; "dunno", said; "don't worry about it give me a beer", went and had a beer because he had some money on him. I want a beer. Said; "right, now I'll do it, now I can do it". Tried again, couldn't do it. I really couldn't do it. Had a couple more beers got, and got quite tipsy now, still couldn't do it. I think it was because I saw the fear in other people's eyes. 'Cause, there was one man who was in a suit and all that and rich and all that, obviously not rich but well off. And so I went up to him and started doing what I do, and I could see the fear in his eyes, he was fearing for his life, and I think it kind of like triggered memories of how many times I have feared for my life and how lucky I am to be here today. And I soon as I thought, if I hadn't of seen his face, I could have done it, I could have just done it. But every person, I saw fear in their eyes, for me that people scared of me and that hit that hard..." (IV3, p.8)

David showed me that what he did to reverse this new awareness of other minds was turn to a substance. Thus, whilst he told me he used cannabis and alcohol daily in order to help him calm down and feel less angry, I thought he also intended to stunt his thinking and feeling. David told me that he had smoked cannabis daily since the age of six, and in the last year had drunk alcohol daily, often to the point of losing consciousness. I thought he was terrified of having contact with his thoughts and feelings, having no internal support to help him understand and endure these. Whilst he found some relief in telling me about himself, and what he had gone through, I thought it was unlikely he would be able to sustain in his mind our experience together as a good experience.

Case Six – ‘Louise’

Louise was 23 years old and had one brother, two years her junior. She lived with both parents and her brother until her relationship with her father broke down when she was 15, and she left to live with a boyfriend. Louise told me that her father was violent towards her “every other day” (AAI, p.5), and that though she had returned to live in the family home several times since age 15, this only ever lasted a short time because, Louise said, she could not tolerate her father’s treatment of her. Louise told me that though her mother had at one time tried to protect her from her father, Louise’s father had in various ways prevented or discouraged this, so that eventually her mother had given up.

Louise said that her father was bullying, belittling and demeaning, as well as actually violent. She said: “I’m not making out that he was evil or whatever, ‘cause I mean I did have a mouth, but I mean he shouldn’t you know...he used to react without even thinking” (AAI, p.6). Louise said that unlike her brother who was “more placid and basically mature, plus didn’t rise to him” (IV2, p.2), “I couldn’t keep my mouth shut...I thought I was being big and clever...” (Ibid). Despite this however, Louise said that her father’s outbursts were often unprovoked and his behaviour incomprehensible. She said:

“I’m not quite sure what went wrong but we fell out and it was just...lot of problems and it was just awful...just the fights were like really, really bad...like violent fights and stuff like that. And the whole house would have a really cold atmosphere” (AAI, p.5)

I felt Louise was somewhat inclined to minimise the impact of her father’s treatment of her:

“...after the first few times [you are hit] you don’t really get frightened, it’s just sort of...like...I dunno you just sort of prepare yourself for a fight or argument, something like that. I think I stopped being frightened the day that I managed to get out from underneath him, kick him off me. But the abuse...the abuse was just sort of you know...mainly verbal. ‘Cause I mean the fighting, like the violence, I’m not gonna lay it all on him. Obviously he’s an adult he should have known better, but I don’t know I wouldn’t ever really say I was frightened, just always...I suppose I was just always on edge mainly...” (AAI, p.12)

Louise told me that when she was 12 years old her grandfather died, and that she found this particularly difficult. She had regarded her grandfather very much like a father, and she felt they had a very close relationship. It is not clear why she turned towards him and away from her own father, particularly since she told me:

“my mum used to say that when I was a baby he [Louise’s father] used to kiss me and say he can’t believe that I was his and stuff...but something obviously went wrong, like when I became a teenager” (AAI, p.14)

However it was clear that the relationship Louise had with her actual father worsened following her grandfather’s death. Whether Louise’s father found her relationship to his father in law particularly difficult and threatening, and was punishing in response, I can only speculate. Louise said:

“I used to call him granddaddy and like for a joke sort of thing. And he was sort of the male role model for my life, really, like I was, in my eyes he was more of a dad than my dad...my dad sort of, he resented the fact that I saw my granddad and stuff, and that he was more important than him” (IV2, p.1)

I thought that Louise’s idea that her father was non-thinking was very prominent in her mind, and made her averse to having contact with him. So when I asked Louise if she ever recalled wanting to hug her father she said;

“No, not back then, I wouldn’t want to, I wanted to be miles away from him. My idea of hell, well not hell but, like I never wanted to” (IV2, p.3)

Louise told me she felt her mother had at one time been more robust and had tried to help Louise in the situation with her father. She “gave up” (AAI, p.3) however when all that resulted was further conflict. Though Louise expressed some anger with her mother for giving up, mainly she felt she should not have expected protection from her mother. Thus

when I intimated she might have feelings about the lack of protection she received, Louise played this down:

CE: What did you feel about the fact that she [your mother] didn't stand up for you with him [father] perhaps as much as she could have, because she was trying to save an argument or...

Louise: At the time, I was a bit upset and then I would have a go at her. But then he used to have a go at her individually, so it was really hard for her...In my eyes, I was her daughter and she should have been sticking up for me. And she did a lot but it got to the point where... she felt that her input wasn't helping the situation, so that she said I'm not getting involved anymore...I can understand why she done it, and um, and I don't blame her now obviously like, you know, but I just feel guilt about the way I treated her because I think I was just really horrible like, you know, say nasty things and be nasty because she wasn't sticking up for me...you are a bitch, how can you do this to me and like going round the kitchen screaming and shouting and crying hysterically and that, and that was when I was really angry...But um, now, I'm fine with her (IV2, p.4)

I thought Louise felt she couldn't have expected more from her mother who was so controlled by her father. She said:

"[Father] didn't ever think first, and my mum...[long pause]...just was too worried to stand up for herself" (AAI, p.15)

At one stage, when Louise was around 12 years old, her mother became pregnant for the third time:

"[Father] basically forced her to have an abortion...she regrets that decision and there was tension there then and all of that...I think she really wanted to have a baby. But

[father] like put his foot down and she was too emotionally drained to think about it. She said if my granddad hadn't have died that year and she, she probably would have kept it, she would have been strong enough to say "look you don't like it, it's your problem, I'm keeping the baby". 'Cause she was just so out of it, um, him telling her, that's sort of how she functioned, you know what I'm saying, he told her what to do" (IV2, pp3-4)

Louise put her mother's state down partly to her having lost her father not long before this. However she also suggested her father was so tyrannical that her mother never would have been able to defy him, even where a baby was concerned. Louise also felt her mother had never been able to stand up to her father where Louise was concerned. Louise revealed in this recollection an experience of an internal object, partly based on her experience of her mother, which was not strong enough to resist the dominance of a cruel object determined to limit Louise's contact with other objects more concerned with nurturing her growth and development. Louise saw her father as preventing Louise's mother from being a mother, including to Louise. The subject of lost and given up babies was a prominent theme in our interviews. As well as telling me that her mother had given up a baby at her father's demand, Louise told me that she too had had two pregnancies that she terminated. I thought the lost babies symbolised the things Louise felt she had had to give up because she has been so dominated by her father, and a bullying and cruel object internally, such as a wish for comfort, affection and love. The lost babies were also the things she has not been able to sustain whilst she has been controlled by this harsh and depriving object, such as a creative and satisfying relationship with a helpful object or mother.

Louise felt that her father, whom she had always referred to by name rather than as 'dad', literally prevented Louise, sometimes violently, from seeking out her mother for help or support:

"One of my stick insects got out of the cage and I was really upset and it looked like it had lost its leg. And I used the phone to ring my mum to tell her and I wasn't allowed to use the phone and he come in and just went mental. He pulled the phone out...off the hook, dragged me by my hair into my bedroom, then I just told him to f-off and he was like 'I dare you to say that again'...And obviously that sort of reaction I did and then it

just...obviously a big fight kicked off and he was just sort of like hitting me and then I managed to kick him back and sort of scared him into like going away" (AAI, p.6)

Louise felt that her father made her mother's life so difficult when she did try to help or comfort Louise, that efforts to do so were seen by her mother as futile, and even as worsening Louise's situation. For this reason, her mother's efforts to help Louise, and Louise's attempt to reach her mother seemed to have ceased in her early teens.

"He [father] liked to be in-between [me and my mum] and stop me from getting to my mum, so she wouldn't feel bad for me and try and stick up for me and stuff like that, he liked to keep a barrier there so... so, we were away from each other and stuff like that" (IV3, p.2)

When Louise's father prohibited her from getting help and support from her mother, though she felt this as a great deprivation, she also seemed to say to herself "I don't need help or support";

"I think there was a point where I used to be emotional all the time. And then it got to a point where I thought, I can't, I've got to stop letting it get to me because, that's what he wants. And that's when I sort of, that's when I sort of, like even when, when we like, when he like lashed out or whatever, I just sort of covered my face and sort of, curled up in a ball, and I think that sort of shocked him as well, I wasn't screaming back or... 'cause you know when you go for someone, it's easier to fight them when they are going for you back, but if I didn't, he would just stop. So, I started doing that and then just sort of, just you know, just with everything. My mum used to talk to me about it, I was like "no, there is nothing to talk about". So that's when I sort of like changed like, that was like a couple of years, a year and a half after it all, it started getting bad. And then I just started taking that approach to things. That's really what I learned by, doesn't really affect me, I just, change things" (IV3, p.8)

Louise's drug use seemed to enable her to maintain this idea. Louise told me she no longer sought understanding from her mother, instead accepting minimal comfort without understanding:

Louise: ...when like the stuff used to happen with me and my dad, when my mum come back I used to try and tell her but then it just...there was no point 'cause he used to get in there first and you know say his story. And then in the end I sort of just gave up on telling her, just let her think what she wanted to think. But I know it was hard for her, but she sometimes just found it easier not to talk about it and just comfort me that way

CE: By not talking about it.

Louise: Well no just like giving me a kiss and a cuddle, 'cause obviously [father] would have told her one thing and then I would be telling her my version and they'd be completely different and...then he'd have a go at her for comforting me, and it was just all really hard for her so out of just...for her sake I just left it as it is, didn't think there was no point talking about it' (AAI, p.9)

This said, there was evidence that Louise entertained a phantasy in which her father's influence was completely eradicated when Louise and her mother paired up, abandoning him:

"...she said that she was gonna leave my dad and take...and rent a flat so I could be with her and she was gonna concentrate on me. I suppose that was a pretty big thing for her to do, like say that she was gonna leave her husband of like 20 years. So that made me feel secure, even though I hated him back then that was me that said don't, don't go, I'm gonna fly the nest one day and you're you know you're gonna want to be with someone" (AAI, p.4)

I thought it was unlikely, and that Louise did, that her mother would actually leave her husband to “concentrate on” Louise, and I thought her discouraging her mother revealed her own doubt her mother would follow this through.

Louise summed up her experience of her two parents, and their interaction:

“...It’s like its always been one bullying person that knocked my confidence to a loving person that was trying to build up my confidence...My mum’s drummed in that people should respect me and...[father] has just made me feel it’s acceptable to have a fight in a relationship” (AAI, p.15)

Louise told me she didn’t think about her experiences in her family too much, that they were now in the past, and that relegated there they could not affect her. There was ample evidence to contradict this however. Louise conveyed that she was deeply affected by and preoccupied with her experiences. She told me for example that her self esteem was very low, and that she had accepted physical violence as a normal part of intimate relationships as a result of her experiences with her father. I thought that when she used drugs she tried to create a feeling of being unaffected by her experiences. Similarly through the course of our meetings, I felt Louise was determined not to reveal too much, either to herself or to me, about how deeply affected she was. As such, though she spoke quite willingly about her experiences, I felt she was very guarded against me making genuine contact with her.

Louise described using drugs in order to cope with unbearable tension aroused by the situation she described at home. Firstly she used cannabis and alcohol, and from age 16 regularly used heroin intravenously. She said:

“...whenever I used to have an argument with [father] it used to be...like towards the end of when I was living there I was like constantly “right I need to go and get some hash or some skunk”, ‘cause I felt like I had to have drugs just to de-stress me. And like when I was staying at home I’d already been on drugs and I used to think I’ve got to go out and get this and stuff like that so...” (AAI, p.17)

Louise said specifically that she used cannabis, heroin and crack in order not to think about her treatment by her father or the state of their relationship, yet her drug use seemed to prevent future contact with good objects. Her drug use seemed both to perpetuate and be preceded by a rupture in contact with healthier objects.

Case Seven – ‘Assia’

Assia was an Asian woman of 26, the oldest of three siblings. Her sister was two years younger than her, and her brother four years younger. Assia lost both parents as a very young child: when she was three or four her father was killed in a car accident and following this her mother, who was mentally ill, was deemed not to be capable of looking after her three children. Assia and her siblings were at this point removed from their mother’s care. Prior to this however Assia told me that her parents had struggled to provide basic care for their children; there was frequently a lack of food, electricity often ran out and Assia recalled her mother sitting in darkness in a corner of the room “just watching us, but not really watching us, just looking, but not being with us and that” (IV3, p.6). Regularly Assia and her siblings were looked after and fed by concerned neighbours: “we were only really little and they was adults and I think like they felt that they had to watch over us and that” (AAI, p.4).

About her father, Assia only told me that; “he was a drinker, so he’d always be out drinking and that” (AAI, p.4). She had no conscious memory of being with him, and immediately after saying the aforementioned, added; “And maybe sometimes there’d be no electric, I think there was times when there weren’t no electric and we just sat there in the dark” (AAI, p.4). Though this was a very concrete statement about conditions in her home, I thought Assia was also linking her father’s absence with serious deficiencies in the basic care she received as an infant. I wondered if she had been acutely aware of his absence because she knew that her mother was so unwell. When I put this to Assia however, I wasn’t sure she understood my meaning:

CE: Do you think that your father not being around was even worse because of your mum’s condition?

Assia: ...[pause]...Dunno. I just think it was ‘cause he was drinking and that, so he wasn’t there...[long pause]

CE: I suppose I meant that because your mum wasn’t well, and your dad was often not around, or was drinking, your situation was especially difficult. You didn’t really have one parent who could look after you well.

Assia: Mmm, yeah, that's true.

Assia went on to confirm that her mother had always been too unwell to provide basic care:

"I wouldn't say I had a relationship with her because of her disabilities, my relationship was with my brother and my sister, like trying to look after them and get them cereal in the morning and stuff" (AAI, p.4)

What was more shocking was that Assia stressed to me that she had cared for her siblings from their births; "because I could walk so I got them drinks and stuff" (IV2, p.6). Assia did not maintain contact with her mother following their removal by Social Services, except for the first two years after this. During that time she and her siblings saw their mother infrequently at a Visitors' Centre, yet Assia conveyed that she had found this distressing: "she didn't really know who we were sometimes, so it wasn't great" (AAI, p.2). Contact with their mother resumed later on, but Assia noted:

"I wasn't really too keen on it, my brother and my sister was, so I eventually like, I done it for them two, and then yeah we carried on contacting and that, but then um...you know, I think I had a grudge against my family' (AAI, pp.2-3)

In the first years following their removal from their mother by Social Services, Assia and her siblings were often placed separately in different foster homes, and Assia fought to keep them together. When they were placed together Assia took on the role of protector since frequently, she reported, she and her siblings were subject to arbitrary violence and cruel treatment. For example, she said:

"we used to get hidings for nothing, like I could bite my nails and I'd get a rolling pin or a shoe wrapped round my hand and that do you know what I mean? So the foster parents

were, I dunno they weren't like that with their own kids but they was like that with me and my brother and my sister so I always just watched over them" (AAI, pp.5-6)

She told me she 'took beatings' for her siblings and that she would herself become violent towards other children when she felt she needed to protect herself or a sibling. When I asked her how she coped when hurt physically she told me:

"...[I would] hide it. Uh...mmm...I remember when I told one of the teachers' kids [about having been beaten by a foster carer], I was like "don't tell your Mum!" and she went and told her Mum and then the doctors come and social services come and everything. Yeah, 'cause I had fractured arm, fractured skull and bruised up and everything. And I just turned around and said "look I had a fight" but then social services knew that it weren't just a fight and (laughs)...yeah" (AAI, p.10)

Assia frequently laughed, if rather weakly, when reporting experiences like this. I thought it was not an attempt to bolster herself, or convince herself her situation had not been so bad, since I think she knew it was dire. Rather I think her laughter was intended to reassure me that she was now okay, that she had survived some dreadful experiences, but was managing. I think she had completely split off any concern for herself, and located this in me. Further confirmation of this came when Assia told me about several occasions when she had got others to act on behalf of her and her siblings, where she felt they were in danger. This is one example:

"...there was one woman called X, she um, used to be a taxi driver, take us to school and that, and um...yeah we was close with her 'cause when we was living with foster parents there's a lot of violence, they used to beat us up and everything, do you know what I mean? Um, and I used to tell Social Services, but where bruises were undercover and that, they didn't believe us, so I left a letter for X and she got through to Social Services and then we lived with her for about a year and a half" (AAI, p.2)

Assia told me over the course of three meetings about several individuals who had helped her and her siblings, almost rescuing them from their circumstances. She seemed to have a

benign internal object that she could turn to, which would support and care for her. This may partly have been a hopeful phantasy, but clearly there were good experiences of care that Assia had internalised. For example, when Assia was 13 she and her siblings were moved to a children's home where they remained together until they were young adults and could leave the care system (prior to this she told me they had been in 27 different placements). Here she reported that they were well looked after, and that she had been encouraged to be a child herself, and to relinquish the care of her siblings to the adults whose role this then was. Assia was also encouraged to talk about her earlier experiences of being in care, which she said were known by staff to have been especially traumatic. Soon afterwards however she began drinking and smoking cannabis heavily. She said she found these substances helped her "to not think...", and "to lock out issues" (AAI, p.18). It seemed that even where Assia had felt supported to think about her experiences, this help was insufficient. Clearly Assia had been traumatised by her experiences, so she may have needed a great deal of help to begin to work through these. It also seemed however that whilst she was able to think about helpful others or conceive of helpful objects in her mind, she was equally likely to emphasise the lack of help she had had. For example Assia told me she felt very angry with other family members (a maternal aunt in particular) who did little to protect her and her siblings once they were taken into care and Assia told relatives they were being maltreated. I thought she was commenting on conditions in her internal world, where she often felt there was no protection from awful experiences, and further where there were wilfully neglectful objects. She spoke also of her sister having been bullied relentlessly, and I thought she conveyed her own sense of being having been victimised in reality, and inside her mind.

Assia felt that alcohol and drugs provided her with a kind of support and raised her mood:

"I was using [alcohol and drugs] to get wrecked basically and just like passing out or just getting really stoned which was an escapism...now, over the last five years, I don't blame my sister but where issues have come up and like when her first child stopped breathing, and then police got involved and everything else like I had social services, and then she had another child with the man that was accused of shaking him and then he [sister's second child] got...got taken into care and then she [sister] wasn't learning and then I weren't moving nowhere, and I was drinking and smoking 'cause then I had to keep going court, 'cause I'm her older sister so she'd lean on me, do you know what I mean,

so then my lean, I'd lean to the drink and pick up a spliff and have a spliff, just chill out...it's probably 'cause of my childhood um that I started smoking and taking up speed and stuff like that. All my mates used to do it to be keep skinny (laughs) but I didn't I just used to do it get high really" (AAI, p.21)

Assia also revealed above however that alcohol and drugs were used in an attempt to prop her up, since she had little internally to rely upon when she was very worried. She had not completely split off her own need for support and help, if she was inclined to emphasise how vulnerable her siblings were, locating much of her vulnerability in them. I suggested this to her, but perhaps didn't put it in a way she could understand, so that she just reiterated she had always had to cope, rather than considering her state of mind:

CE: When you use drugs or drink very heavily, you feel you are getting some support. You sort of know you need support and help, even if you have told me a lot about how your brother and sister needed your help.

Assia: They was younger so they did really need my help, that's what I think anyway. I was just doing what I could to help them. I just had to get on with it really...[pause]...Then later drugs and drink was my lean, yeah' (IV2, p.9)

Over the course of our three meetings I felt there was little development in Assia's thinking. That is to say that unlike with several case study subjects, she did not appear to have thought any more between interviews about the things we had discussed. At least she did not return and share her thoughts, even when prompted to. Assia was not hostile or determined not to think, but rather she responded to my questions in a very basic way. For example:

CE: Thinking over all that you've told me, what do you think you've learned from your experiences as a child?

Assia: Um...[pause]...to grow up quick, really. Grow up. Be wise. Dunno...[long pause]...

The lack of curiosity on Assia's part about her experiences was perhaps surprising given the apparent presence of some benign objects in her mind. One might imagine having some internal support would have enabled Assia to be curious, yet this wasn't borne out. Perhaps rather these benign objects kept Assia from thinking in any depth about her experiences in order to protect her. This idea is partly substantiated by my own countertransference response to Assia: I felt very protective towards her, so whilst I might have pushed her further to consider her own thoughts and ideas, I did not, perhaps because of a fear this would be too much for her to bear.

Case Eight – ‘Simon’

Simon was a 21-year-old male with one sister a year older than him, and another sister nine years younger than him. He lived with his older sister and parents until they separated when Simon was five years old, and Simon’s father left for another country following an extra-marital affair. Though Simon and his elder sister had semi-regular contact with their father following his departure, Simon was clearly deeply affected by the loss of his father, and of his ideal family at around age five. Simon was furious that his father hadn’t done more to maintain their relationship, and his narrative was dominated by this loss. Simon’s memories before age five are rather mixed, and sometimes contradictory. I felt he idealised his father and his life then enormously, but slips revealed his father to have been violent and abandoning before he actually left.

Simon said; “The relationship I have with my dad...[long pause]...Distant...non-existent...I’m owed a relationship with my dad”, though he added “I don’t think I could forgive my dad, for cheating on my mum, beating on her, I mean selling everything she had” (AAI, p.10). He clearly felt full of rage with his father for not having been sufficiently available as a father, yet wanted so much to have had better contact with him. So conflicted on the subject of his father was Simon, that he felt embarrassed about his wish to see his father. He imagined feeling great humiliation were he to buy a plane ticket to go and visit his father, thus acknowledging needing him, or wanting a relationship with him. This is understandable, given how hurt he felt:

“My mum was always there, clothed us, paid for our school trips when she couldn’t afford it, you know my mum done everything. My dad’s done nothing. I speak to him maybe once a year, or twice a year, I probably see him for a week a year....next time my dad phones up I’m not even gonna be all nice nice anymore, I’m just gonna be honest with him about how I really feel, about how he’s never been there for me, he’s never been there as a dad...I accepted I haven’t got a dad...he just doesn’t care...It’s sad but I just feel that my dad doesn’t care, doesn’t bother, I mean, okay I mean he can only give a week a year for us, I mean what sort of dad’s that?” (AAI, pp.2-3)

Simon told me about an incident involving his father which revealed much about the impact of his father's contact with Simon:

"My earliest memory as a child....probably when I choked on a peanut. Yeah. I was 3 years old, and my mum says she took me to the hospital and so did my dad, but I only remember, I woke up in the [X hospital] and it was like the Children's Ward, and you know when you're a kid and you're in hospital it just seems so much bigger, it's like the equivalent of you being that big [clasps hands together to make a small ball]. The ceiling was as high as a museum or something, and I just remember waking up in this baby's cot thing and you had to be picked out of it, you can't climb your way out, someone has to lean in and pick you out, that's how small I was. And I remember looking at all those paintings all over the walls, and that was probably the day I decided to be a painter, 'cause that's what I do. But um...I just remember my dad being there. Not really my mum. But my mum tells the story that my dad was babysitting me when my mum was at work, and I had some peanuts. I don't think I even had more than one tooth, and I swallowed a peanut and it got lodged in this lung, and it sort of collapsed and started to like decay on the inside, and the doctors just kept giving my mum antibiotics to give me, and then 4 days later, after I repeatedly kept throwing up at night she took me to the doctor at the hospital I think, to have an x-ray, and it showed up in the x-ray...I just remember being driven to the hospital, my dad had a BMW at the time and it had one of those things that you roll, the ceiling, what do you call it? Sunroof. It makes that open up, and I remember leaning up and the wind going in my face, that's probably my earliest memory I think, on the way to the hospital"(AAI, p.5)

I imagined that Simon had told this story many times over. There were many interesting aspects to it. Firstly it was told with great excitement. I thought it showed how Simon idealised his father and their experience of being together; on what one imagines was an emergency trip to hospital, Simon remembered the sunroof of his father's car open, and the wind in his face; he remembered that it was his father who took him to the hospital and who was there when he woke up, even though his mother contradicted this. The story seemed designed to reassure Simon as well as convey to others that his father had loved him so much, that they had good contact, and that his father had cared for him in a very important way, saving his life even. It sat so awkwardly with some of the other main details Simon gave

about his father, such as that he beat Simon's mother and abandoned her, penniless, with Simon and his older sister. I also thought that the story revealed how damaged Simon felt by his father's abandonment. This experience was like a peanut that had become lodged and was corrosive inside of Simon. I thought Simon knew that at times he massively idealised his father because in reality his father fell so far short.

Simon's descriptions of his mother were very positive, though she was not as idealised as father was on occasion. Simon said for example;

"...as a kid my mum, she was just like any mum you know, just the most caring-est (sic) person, the nicest one, the warmest one, the one that always listens, the one that tucks you in bed, the one that reads you stories, the one that does all the errands, takes you to school..." (AAI, p.5)

However Simon also said that though he was close to his mother, he felt abandoned by her when she had a man in her life and her interest in him waned:

"...if my mum's in a relationship, the man who's seeing my mum takes up most of her time, do you know what I mean? But like right now, at this moment in time my mum isn't seeing anybody, so I spoke to her like two days ago, she probably must have said "I love you" and "I miss you" 50 times in just a half an hour call. But if she was dating somebody, her attitude would be different, the length of time that she'll speak to me on the phone for is much shorter, do you know what I mean? When my mum is single she's the best mum in the world, but when she's in a relationship, as a child you don't see it as a positive thing, because it isn't a positive thing when my mum is in a relationship" (AAI, p.6)

Another reason Simon presumably felt his mother wasn't always available to him, was because of her depression. He said;

“...looking back now I know that life was very hard for my mum as a single parent when my dad left. And I know sometimes she did feel like giving up, and when she did feel like giving up she would say...”sometimes I just feel like packing up and going”. And whenever she said those kind of things it was always when me and my sister were having big arguments around my mum, ‘cause when me & my sister would argue in front of my mum it would bring her down, do you know what I mean? And I know exactly what my mum is like because when I watch my mum and my sister argue it makes me feel low and sad” (AAI, p.16)

I wondered whether Simon was terrified his mother would also leave, and if this led him to inhibit any anger he felt with her for not being stronger, or standing up to his father or subsequent partners, whom he told me were also violent towards her. Instead he focused on his mother as a weak and vulnerable person, unable to protect herself, or Simon, from dreadful treatment by a partner:

“I could talk to my mum about anything if I wanted to, but I’d rather not, cause she’s got enough problems, she’s got enough worries. She’s got court cases coming up, she’s got to stand up in court and give evidence about her last partner that tried to strangle her, robbed her house when she was at work, assaulted her with a table in front of my 12 year old sister who also has to stand up and give evidence” (AAI, p.24)

Simon remembered how volatile his parents’ relationship had been:

Simon: ...I remember my mum [and dad] arguing and fighting and...as a child when your parents argue sometimes it can be scary sometimes it’s not, but when they argue with each other and they pick up obstacles [sic] and throw it at each other, that is scary, when you see furniture in your lounge being smashed. You don’t know when it’s gonna stop, how far it’s gonna go, is it gonna get to the mirrors, the TV’s, or lifting up sofas...it’s quite scary. Especially when it happens at night time when you’re trying to sleep. You can’t get back to sleep and you can hear glasses smashing underneath you.

CE: Did you ever feel very frightened or not sure that you were safe?

Simon: Yeah. Yeah. It probably was an unsafe feeling, but at the time I just didn't know what to expect or what was gonna happen and I didn't know whether I was safe or unsafe...Yeah it was scary when they argued and fought with each other like that (AAI, pp.17-18)

I felt Simon was very genuine when he said he felt frightened and unsafe. Though often during our meetings he told elaborate stories and became quite high, I did feel we had occasional contact. I thought it was too much however for Simon to consider for any length of time the pain he felt in relation to his experiences. As such, immediately after the above, he told a bizarre, horrible and incredibly detailed story about having been kidnapped and tortured along with a friend. At the time I had no idea what to make of the story, other than that it was intended to draw our attention away from Simon's pain in the face of his parents' fighting. I also thought the story might be a complete fabrication, though clearly it had some important meaning as Simon kept returning to it.

Simon had used cannabis daily for eight years, I think in order to help him tolerate his depression, which he also fended off manically. Simon told me that cannabis provided him with comfort:

CE: What kind of things might you do for comfort when you were a child?

Simon: Um...well as a child there's only so many things you can do, in this day and age I mean if I want a spliff I can ring like 20 different numbers so I mean...there is a comfort thing in it now for me, when I smoke a spliff, there is a comfort thing about it' (AAI, p.14)

Simon was however at points scathing and contemptuous of drug addicts 'needing' their drug, and denied his own need for cannabis. Yet, in line with the manic way of thinking I have described, as soon as Simon had described his contempt, he began to acknowledge his own dependence on a drug;

"I wouldn't say I'm addicted, 'cause I don't think it is addictive. I just think you can rely on it, you can probably rely on it a lot, but...sometimes I feel that I get withdrawal symptoms but I don't really...'cause I hang around with people that act like they get really bad withdrawal symptoms, and when you're watching them as an outsider you think god, when my last spliff runs out I'm not gonna whinge like that and look like a right addict, do you know what I mean? I might say "I really want a spliff, I really want one, I really want to get one", or basically "I need it, I need it I need it, I need to get it", 'cause when you listen to people, 'cause there's people that come in and out of the flat all the time, and there all like...to me they resemble like a crack addict or something, withdrawing off crack or something like that. And I notice that, and do you know what I mean...when I haven't got it, I'll just, think about it and stuff, 'cause I've been smoking weed for so long, you get to the point where like...if they sold it in Sainsbury's I would steal it (laughs)" (AAI, p.1)

I thought that Simon's ambivalence in respect of acknowledging dependence on a drug, linked to these same feelings about his father, who he clearly needed so much. Though not quite in this way, Simon did link the absence of his father to his dependence on an inanimate object: 'You know if I'd had a dad around...I don't know, I'd probably never touch drugs, I probably never would have felt the need to' (AAI, p.4).

Over the course of three interviews, I felt Simon slowed down a little, and was more able to hear the things I said. For example, during our second meeting when Simon told me he didn't want or even have a father, I said;

CE: Can you entertain the idea that perhaps you say to yourself "I don't want or even have a dad" to avoid this terrible disappointment that he wasn't the kind of dad you would have loved to have?

Simon: Yeah, obviously I would have loved to have a dad that was there, um..whatever...whatever...

Then during our third meeting when Simon was talking about having led a very privileged life up until the point his father left, I challenged this:

CE: Do you think that really you imagine this very privileged life, with few problems, because the reality is you feel so depressed at having lost your father, so deprived in some ways?

Simon: I suppose it is easier to think of the good times in the nice house, than the plates being smashed and what not. My mum getting thrown out of the fucking, excuse my language, patio door.

Simon did not refer to his depression or sense of deprivation, but I felt he understood the function of his characteristic way of speaking, which served to conceal a great deal of pain. Whilst I think my comments may have been correct, I was not sure they were welcome. Instead I thought Simon preferred the way his heavy cannabis use clouded his awareness of why he related and thought in the way he did.

Case Nine – ‘Chris’

Chris was a 37 year old man, homeless at the time I met him. He was the only child of a violent, alcoholic father, and a mother whom he felt failed to protect him both from his father’s violence and later from experiences of physical and sexual abuse within the care system. Chris appeared traumatised by his experiences, and in his early life reported a lack of basic safety. He said “growing up was just more about being hit than anything else...” (AAI, p.1).

”Beatings...that’s all I ever got [from my father]. Never liked him from the minute I can remember...He’s the first person that broke my nose, first person that broke my jaw, first person that broke bones in my body...Can’t stand the bloke...He reckoned 10 pound went missing out of his wallet and it didn’t, he gave my mum 10 quid to get some housekeeping or something, and he came in from work, he reckoned I’d nicked his money, he came upstairs, took my trousers down and he beat me with a leather belt. I had welts that you wouldn’t even imagine. And I remember him saying ‘this is gonna hurt me more than it’s gonna hurt you’. And when I couldn’t cry any harder than I was, I remember my mum coming to the door saying ‘that’s enough’, and he says ‘I’ll tell you when it’s enough’...[pause] And then, when he found out that it wasn’t me that nicked it, he went ‘well it could have been’...That’s all he said...” (AAI, p.5)

Chris said that he lived in constant fear of his father, yet despite this;

“I used to do anything I could to get in trouble just so I could get noticed, you know? Even my dad coming home and smacking me with a belt...just so he would notice me. I didn’t care, go on, hurt me...just so that afterwards you know, you know I’m here...” (IV3, p.6)

Chris reported that as a child he was terrified his father would kill his mother. The following is an account he gave of discovering his mother following a beating:

“...I woke up about 8 o clock at night, my mum had read me a story, everything was fine, and I heard whimpering. And I opened my bedroom door and my mum was laying by the bathroom...blood coming from her eyes, just been beaten senseless. And he’s sitting in the lounge drinking whisky laughing. I hate him...I still do today, I hate him with a passion” (AAI, p.5)

Chris said initially that his mother was “so bubbly and vibrant”, and that “...she had so much joy” (AAI, p.4). He said their relationship “...was always good ‘cause it was just us. Just us against the world” (AAI, p.3). This view however gave way to one which saw his mother as ‘broken down’ by his father, so that Chris felt unable to turn to her for support:

“I could never make her worry. Like I say, she had enough on her plate...You know, my mum wasn’t the strongest of people, she thought she was, but he used to just break her down, every time. He was nasty to her...and I could see her trying to cope with it, I could see her trying to put on a brave face, and so when I came home from school or whatever I was doing, I couldn’t give her something else to worry about. I couldn’t tell her anything else...It wasn’t fair. And at the end of the day she had that bottle, and she would just open that and start drinking. And she’d forget everything...and so there wasn’t actually anything to worry about, she had it all under control. Or that’s what I thought anyway, but...I didn’t understand how unhappy she was. I didn’t understand how upset and sad and...I suppose lonely she was” (IV2, p.9)

I suggested to Chris that he had begun to consider what his mother felt since we had begun to think about what he felt, so that when he said he now recognised how much his mother had struggled, though she had put on a brave face, he also realised that he had done similarly in response to enormous pain. I felt Chris heard what I said, and he responded “Yeah, yeah...I didn’t ever think about it” (IV2, p.9).

During our final meeting Chris said;

“My mum...she was a lovely woman, but to her, giving me twenty quid to get rid of me was her idea of...you know...love. ‘Here you are, here’s twenty quid, go and do

something'. From my earliest memories, 'here's a fiver, go and do something'. Alright, she was on her own and that, and she had to deal with a lot with my old man coming home drunk all the time but...all she ever done is get rid of me..." (IV3, p.6)

As interviews unfolded I felt Chris acknowledged his mother had not cared for him in the way he had needed her to, but for reasons other than that she was treated so cruelly by his father. For example, Chris suggested he felt she had some cruelty of her own:

"If I knew I'd done something wrong and my mum had said 'stay upstairs until your dad comes home', then I knew I was gonna get it. And no matter how much I used to plead with her or anything...[pause] I knew it was gonna happen. So eventually I used to you know, stop worrying about it. I just knew. If I bunked off school, so what? I'd get hit. 'Cause eventually after you've been hit so many times it doesn't bother you anymore...You know it's gonna happen, so what? 10 minutes later I'd be alright. So after so many beatings it don't hurt anymore" (AAI, p.9)

Particularly during the AAI I felt strongly warned off challenging Chris's at times idealised view of his mother, though partly I wanted to. It seemed however that when I didn't do this, Chris himself began to give a more mixed view, perhaps feeling more confident that I wasn't out to destroy his image of his mother. Later it felt possible to comment on this:

Chris: ...you know you're meant to have two loving parents, they're meant to look after you...I'm scared people will slag my mum off, I'm scared they'll say nasty things about my dad, I'm...in my world they're great...when they weren't...but in my world they're all I had...you know, they were mine...[pause] I'm scared people will take that away from me.

CE: I think that's the danger of talking about it, isn't it, like with me...I've said to you today; 'didn't you ever feel that you wished your mum could have protected you more?' And that will in some way shatter an illusion that she was wonderful and did everything possible to,

Chris: [Interrupts] Yeah but I know that it's true, and it...you know...I've gotta come to terms with it, but I don't want to, you know? I still have this woman up on a pedestal. She was my mum...she was meant to look after me [pause] She let me down [pause], just like I'm doing to my kids...and I never wanted to do that...[long pause] I don't know if I can ever...like...[pause] not forgive her but...I don't know if I can ever forget what she's done...but then was it my fault that...I misbehaved so much that she acted like that that got me sent into care so...every time I think about it, maybe it was my fault to start with, you know, maybe I misbehaved as much as I did so that when she did stab me she was at the end of her tether, you know? Maybe I pushed her to it. Maybe I caused it, maybe she was wonderful after all. You know, maybe it was my fault that she done what she done.

CE: I suppose if you conclude that it was your fault, then she can as you say stay wonderful can't she, and that's just so important.

Chris: Yeah. Yeah. So maybe it was my fault, that I done all that, that I pushed her to stab me. Can you push someone hard enough that they stab you? I don't know. I'll never be able to answer that. I certainly couldn't stab one of my kids, but...maybe I pushed my mum so hard that she had to...I don't know [cries]...I just don't wanna lose her on a pedestal...[pause] Can I have a quick fag please Christine...I can't...' (IV3, p.8)

I was struck by Chris's request to take a minor mind altering substance at the point his distress became clear to both of us. I didn't interpret this but drew the meeting to a close.

Chris had, during our first meeting, told me that when he was 10 years old his mother stabbed him (he said on one occasion this was with a potato peeler, on another suggested she used a knife), and that this resulted in his being taken immediately into care. In defence of his mother Chris said:

“I know when she stabbed me she didn’t mean to do it, I think she was just at the end of her tether. She was just tired and fed up, and on her own. And I weren’t no better, I was causing her havoc, I was bunking off school, drinking, doing...you know, what I could to thief or...whatever I could do, so...[pause] No, it was just...I never made her life easy put it that way” (AAI, p.3)

Once in care Chris was subject to horrific and humiliating physical and sexual abuse. He told me he did tell his father about this on one occasion, but that his father told Chris’s abusers what Chris alleged, and then left. The situation then became far worse. Chris said he managed for years, with the help of alcohol and cannabis, to block out of his mind the abuse he experienced, but in his early twenties he opened a newspaper and saw a photograph of one of his abusers, a wanted paedophile. At that point he had what seems to have been a psychotic breakdown and was hospitalised for a short period. Though he was married and had a young child at that point, he could following this experience no longer sustain his marriage or any notion that he could live a ‘normal’ life. He turned towards drugs and alcohol more than ever before, and began sleeping rough. Chris progressed to intravenous heroin and then crack use in his early thirties. He said of his drug use:

“I take it to forget about things...[pause]...I take drugs to...stop the nightmares...well, feelings that I have all the time. It gets me out of this world and into a different one. One where there’s no beatings, where there’s no...horrible things” (AAI, p.13)

He said his drug and alcohol use became uncontrollable;

“Because of the problems that I had. Because of wanting to escape all the time. I just didn't want to be here. And the further I got away, the better it was, you know, forgetting everything today meant I didn’t have to think about it. I knew I’d have to think about it tomorrow, but if I did drugs tomorrow I wouldn't have to think about it then either, so I took it more and more and more. Until eventually I didn't have any cares in the world. I didn't know what was going on” (AAI, p.13)

Yet Chris could never completely escape what he felt;

“...the pain’s always there. Always. Some days I can go days without thinking about things, but then all of a sudden you know, it don’t stop. And it’s just...I dunno, it’s just...it gets so much and so much that it gets actually unbearable...and that’s when drugs come into it. You know, you put that needle in your arm and it’s like wow, everything’s gone, and you don’t have any feelings. But not only don’t you have any feelings, you don’t have any cares. You don’t have a care in the world” (IV2, p.6)

Chris said that he took drugs because he knew of no other way to cope with the way he felt, and that he had never been helped in this way:

“...if you’ve got a problem, how do you deal with it? You talk about it don’t you? ‘Cause that’s how you was brought up to deal with something. Well, how I was brought up to deal with it was....you don’t...and so the only way I could get to being like that was...oh hang on a minute I’ve found this magic thing here, it’s called drugs. You take it, and it stops all those feelings. And I was always taught not to have any, and so when I found this magic pill it was like, hang on a minute, if I take this every time I don’t have to deal ‘em. And then it became oh if I just take it all of the time, I’ll never get the feelings, ‘cause I took it all the time. Until one day you’re taking it to forget you’re taking it, not just to forget the feelings because you haven’t had feelings for years. You’re taking that magic pill to stop thinking about taking that magic pill. And then you don’t even know what you’re thinking about anymore. And it’s days before you actually have a thought where...you even think what your own name is. And you can’t keep going on like that, because....nobody actually knows who you are. I don’t know who I am anymore. I’m so lost it’s unreal” (IV2, p.6)

Though drugs and alcohol helped Chris to numb his own pain, he felt he also cut off from others’;

“..sometimes it’s like I don’t care how anybody else feels because nobody cared how I felt. It’s like if you’re upset well tough, deal with it...I have to deal with it...And that’s....that’s not me, I’m not that...I know I’m not that person inside. I know I’m caring

and compassionate and...you know...[pause] different to my dad, but then sometimes I just feel oh my god, that's him, you know, stop crying you wimp, things like that, it's like I was never, I would never have put myself in that category, but then sometimes I think ooh, hang on a minute, you're just like him...And that scares me...I remember people saying that I was quite a nice guy, but I don't know where that person is anymore. I don't know how to get back to that person. The only person I remember is the person who's got no feelings, no thoughts, no cares, no...whatever...And surely that's wrong. Well, I think it's wrong, surely you should have, you know, some sort of....I used to say to my mates 'do I have worry lines on my forehead?' And they'd be like 'no', I'd be like 'that's because I don't give a fuck'. And I know that sounds horrible but it's true. I don't have worry lines because I didn't care, about anybody, or anything. I mean that is horrible to say, but it's true. I didn't care about anything, for so long. And any time I did have a feeling, I'd take more. It's like we were talking me and A [friend], were talking about crying the other day. I don't actually remember the last tear I shed. 25 years ago? I don't actually remember shedding a tear. And that's, that's not right. Surely all people, you know even if they're happy or sad or something happens in life, you know, surely you're meant to have feelings" (IV2, pp.6-7)

Even though Chris felt he had been unable to obliterate all of the pain he felt, he showed how he idealised such a position. He felt it was having feelings that had left him so dangerously vulnerable:

Chris: If I were to say to myself oh I feel a certain way, it'd be 'oh pull yourself together', you know, 'you don't show emotion, you're not allowed to show emotion, you're not allowed to say you're unhappy or you're feeling down'. It was always, everybody would tell you about me that 'oh there's C, he's got a smile on his face, always'. I always had a smile on my face, even when I felt...like really horrible. I'd always 'hi, how are...' [very upbeat tone of voice] big front, huge front. It didn't matter how depressed or sad or upset I was, I would never ever meet someone with 'oh, you know I feel like crap', or whatever, or if someone said 'how are you?' I'd be like 'yeah great, fantastic', really it was I feel like absolute crap...

Chris: What did you imagine, if you were to say those things, would others think about you?

CE: That I was weak and...you know...I wasn't...dunno...like a man...And that I think all stems from when I was a child being abused. You know, if you tell someone something, then you're weak, that's why they abuse you, 'cause I was weak, I didn't fight back, I should have fought back, I should have said no and all this lot. And that's where it comes from, and that's why I always say to someone now "I'm great, I'm fantastic", don't touch me kind of thing, don't ask me anything 'cause I don't want you to know...it gives me a shield around me where no-one can penetrate it...The more I don't tell someone anything, they can't hurt me. If I just keep it all in, no-one can say something horrible to me to hurt me, or nobody can do something to me that's horrible, because they don't know me. If I meet someone it's 'I'm great, I'm fantastic, I have a lovely life'. And my favourite saying which everybody would say to you is 'god I love my life', when I don't, I hate it. But everybody will tell you when they meet me I'm one of them people that...and I say it a lot, I say "god I love my life"

CE: And you're not saying it in a sarcastic way, you're saying it in a way that you're trying to convince yourself that it's true.

Chris: Yep. And it does...does tend to get to you a few times, you know it's like you say it so many times that you end up believing it (IV3, p.1-2)

I thought Chris had very mixed feelings about our meetings, which seemed to stir strong feelings in him. We had to rearrange our first two interviews more than once since Chris failed to arrive at the times agreed, the second time telephoning in advance to relay practical difficulties in getting to me. Following our first meeting he had said he felt anxious that we may not meet again, because he knew now that he 'wanted to feel' (IV2, p.7). I think he felt my interest to be genuine and benign, and enjoyed this, if this feeling was difficult to hold on to between meetings. He said;

“...it surprised me how I felt when I left here, it really did...I was like ‘I need that again’...Yeah, even though it hurt, it was nice, feeling hurt and confused and upset and sad and angry and...all those emotions in one day it felt, hang on a minute, look I’ve got feelings, all these different feelings are coming through, all these different emotions, all these, you know...worry...confusion, sadness, happiness. All these different things happened in one day. And it was weird, it was hard, and it’s hard now, but it was nice. It was nice to know that I actually had the same things as everybody else, where for years I’ve had none. I’ve blocked everything out for years. But it was nice to know that I still had ‘em, you know and I could still feel like a normal person” (IV2, p.7)

Case Ten – ‘Karl’

Karl was 33 and one of male twins. He had another older brother and a younger sister who had committed suicide whilst serving a sentence for a drug-related crime. When we met he was not in contact with his family. Karl had served several prison sentences for violent crimes, including manslaughter. He told me that as a child his father had routinely beaten him:

“...me dad would hit me with anything he could pick his hands on. One particular time me sister used to have this rabbit. And er...this rabbit was called X. And one day me dad give us all a carrot, to go and feed this fucking rabbit, yeah? I ended up killing this rabbit [laughs weakly], and he give us all a rabbit, er give us all a carrot to go and feed this fucking...and it was me sister’s rabbit. Anyway, walking down the end of the garden, I bit the end of this carrot off, yeah? And my sister started screaming ‘dad dad dad dad, K’s eating the fucking’, well, not swearing but ‘K’s eating rabbit’s, er X’s food’ blah blah blah. And I knew me dad would like, hit me, but he ended up taking me into the kitchen, he went into his tool cupboard and he got a wooden mallet, and he put my hand on the kitchen unit and he hit my hand with this wooden mallet, and he ended up breaking eight bones in my hand. And I remember going to the hospital...I remember me nan attacking me dad with her walking stick in the fucking hospital, because she knew it was him that had done it. He was trying to say that I got me hand caught underneath this, we had this wheel thing in the garden that you used to be able to go down the hill on. He said I got me hand caught under the wheel, and going under the wheel broke me fingers. But me nan weren’t having none of it. She started beating him with a fucking walking stick but it broke every single bone, it was this hand...Yeah...” (AAI, p.12)

Violence was often felt by Karl not to result from particular behaviour on his part, but to be arbitrary, and when there was no actual violence Karl felt he was treated cruelly:

“...my dad for three, four days on the trot he wouldn’t, he’d send me to me room without no food and I’d be sneaking down in the middle of the night nicking the bread out of the bread cupboard. D’you know what I mean, living off fucking dry bread for three or four days where I weren’t getting no dinners. Getting made to walk to school in

the morning and it's like three and a half miles to school, yeah I fucking hated him as a child" (AAI, p.6)

Karl said he lived in a constant state of fear of his father, and his calculating manner pointed to his having had to steel himself against this feeling for a lifetime;

"...you know that cold feeling that runs through your body, that fear...yeah...and I used to go through that nearly every single day...I used to get sent to bed at stupid...stupid o'clock in the afternoon so...[pause]...A lot of the time...I used to have this little airing cupboard in my bedroom. And my dad used to strike the fear in me so much, like he'd send me to bed at four o'clock in the afternoon, and no child is going to sleep at that time. I never had no toys in the bedroom. And he used to scare me that much that I used to go to the toilet in the airing cupboard in the bedroom, because I was too scared to come out of the bedroom and ask to use the toilet. D'you know what I mean so...I don't know, I used to hate it at bedtime. It was daylight, you know, we never had no toys. It just used to be me and my twin brother, but nine times out of ten it was on me own but...well at one point there was three of us in the bedroom, and then obviously when you've got three kids in one bedroom, three kids with no toys, they're gonna end up fucking fighting amongst themselves ain't they. And then obviously that brings big old dad into the room" (AAI, pp.6-7)

Karl's sense of the unfairness and injustice of his treatment, as well as his rage with his father was clear. I think this was suppressed partly because Karl also told me his father had attempted suicide at least once during Karl's childhood. It was not at all clear what Karl felt about this at the time, though he told me he empathised as an adult:

"...the way I look at it now, my dad was trying to keep the family together. He's got four kids there, he's trying to get a job and work, he's with a woman that was addicted to drugs, you know, and...I've got a bit of sympathy for dad, he was trying...alright I don't fucking condone the violence and everything there, you know there's other ways of fucking dealing with situations but...other than to strike people and hurt people, but looking at what he did go through himself...you know I had a memory of like me dad

trying to kill himself, taking loads of tablets, and me nan having a go at me dad. He was like half-comatose on the settee with loads of pill bottles and everything. I ain't got a clue how old I was. But I remember him trying to kill himself, and I look back now, and I can understand why....d'you know I can understand why, he's got four fucking kids....and the ages between the four kids obviously is like three years, so you've got four little kids all running around him, he's got a wife who is fucking addicted to amphetamines, you know it weren't easy for him..." (AAI, p.5)

Karl said that his mother was drug addicted for all of his childhood, and that "[at] four o' clock in the afternoon, this used to be a normal thing with my mum, she'd just be in bed" (AAI, p.8). Karl said during our second meeting; "maybe them times, when she used to stay in bed, was her way of dealing with the way that my old man treated her" (IV2, p.5). His mother was not experienced as offering any particular protection from his father, and Karl felt that she was intolerant of his need for her:

"...me older brother he was bullying me again and he beat me up and I went upstairs crying to me mum and I dunno what it was with me mum, but she snapped at me and she turned round and said to me 'get down there and fucking sort your brother'. She says 'if I have to get off this bed then I'll give you a good hiding'. And I went downstairs and I absolutely kicked the shit out of me older brother. It was more the fear...of me mum like threatening me with me dad and threatening me with her getting out of bed and stuff like that. So I went downstairs and I kicked the shit out of me brother. And it was me older brother running upstairs to me mum and dad. And I remember I was shit scared of me dad coming home, you know, 'cause I'd beat me brother up and stuff like that. And me dad come home and everything and I was proper petrified that me dad was gonna beat me and stuff like that...And erm..me mum, after I beat me brother up, like she used to have like this exercise bike in the corner of the bedroom, and she made my older brother sit on this exercise bike until my dad came home. And my dad came home, and he's gone upstairs and everything, and he's gone in the bedroom, and all I've heard is 'what the fuck happened to you?!' And I was shitting meself...And then I can hear me mum talking and everything and then me dad's called me, and I was shitting meself I thought me dad was gonna give me a proper good kicking. And I went upstairs into the bedroom, and I'm like cowering and everything, and I've run round to me mum 'cause

obviously I felt safer with me mum and everything, but I had no reason to feel that because me dad like just grabbed hold of me, give me a hug and everything, put a ten pound note in me hand and told me to fuck off down the fair. You know what I mean? And grounded me brother for six weeks. I thought fucking...then again, six months later put me in care but...but that little situation there, d'you know what I mean I was absolutely petrified but I don't know...I just like...I liked that time as it goes, 'cause my brother's never bullied me since, so....but..." (AAI, p.9)

Karl felt both his parents were scathing and intolerant of shows of distress, and said that when he demonstrated a need for comfort he would literally be sent away, being welcomed back only when he no longer expressed this need:

CE: When you were distressed, would your parents hold you?

Karl: No...sometimes...not...majority of the time..."fucking stop being an idiot and grow up", know what I mean?'...[pause]...Going to me mum or dad crying after I've had a fight at school or whatever and them telling me to get out the house or go back and fight them again...it's rejection innit? I suffered a childhood of rejection...I know with me dad that's how his dad taught him. I know that now 'cause me dad's told me. But...maybe it's something that gets passed down through families but I know if my child has a fight at school if they lose the fight they lose the fight. What's the point in sending them back out so they can go through it all again? Bit cruel that really ain't it (AAI, p.10)

Given the above, it is perhaps unsurprising that Karl flatly recalled what must have been a terrifying experience of watching his mother being attacked:

"...when I was about seven, I watched my mum get really badly beaten up by two loan sharks who me dad owed money to. And they really did smash her to pieces, you know, they broke...knocked all her teeth out, fractured her skull, really like went to town on her, beat her up. D'you remember them old ashtrays, I dunno if you remember them, you used to like push the thing down on the top, they're about that tall, about that

round and then you lift it up and the fags fall down and then you push it...Anyway, but yeah, and these two guys came in the house and smashed me mum to pieces, I remember me mum had this fucking...ashtray thing and her face was a mess, and I was stood in the doorway watching it all happen and that...[pause]...I remember me mum being in hospital for months and months and months because of this and everything, and having a fucking...couldn't talk to me because she had her jaw wired and stuff like...and I didn't even know that for years and years why she couldn't talk to me. It was because she couldn't fucking talk her mouth was wired together d'you know what I mean?" (AAI, p.3)

Karl must have been badly traumatised by this, and this could account for his being genuinely out of touch with the horror of the experience, though it, and particular detail about it, like the type of ashtray, had stuck in his mind. I felt however that Karl had also disowned much of his distress because he felt his parents would not have welcomed this.

Karl lived with all his siblings and both parents until he was seven years old when his parents lost their home and he was taken into care, initially temporarily. He said however that;

"...me mum and dad sort of sorted themselves out and got a new house, and er...but they didn't wanna take all the four kids back at once, you know? And I remember it was Christmas Eve and it was just after me ninth birthday and me mum and dad, well no it was me mum, me dad weren't there...me mum came and took me sister and left me at the foster home, and took her back home basically. And then obviously I found out that she took me other two brothers, so I was the only one in care at that time. But I think...I think I got myself...I blame myself a little bit for it, I think I got myself in a catch 22 situation because...'cause me mum never came and took me home, I started misbehaving, d'you know what I mean, and then because I was misbehaving, I think somewhere in me mum's head she didn't wanna take me home because I was being this liddle [sic] bastard. But I was only misbehaving at the time because, I wanted to go home, know what I mean? If they'd have let me go home I'd have been alright. Well, I think I would have been. But erm...but she never came and took me home..." (AAI, pp.1-2)

Karl later revealed that he was sexually abused in the family where he was left. When he was 11 Karl's mother then signed him permanently over to the care of the Local Authority, and at that point, Karl stated, "my life finished" (AAI, p.11). Karl was subject to further physical and sexual abuse from 11 onwards, though he revealed no detail of this, yet he also said that "being in care used to be a bit of a reprieve from the way [my father] was (AAI, p.6)". It is possible that Karl's parents felt his siblings to have been more vulnerable than Karl as a young child, hence their having been brought home. A later account gives some evidence for this:

"[Following he & brother's arrest for robbery] My mum and dad came down to the police station and everything like that and they blamed me; 'you this, you that', blah blah blah and so I said; 'I didn't do nothing, I didn't rob him', do you know what I mean; 'it was him'. And part of, I should have just said it was me, there and then, it was me, but I said, nah it was him, let him take a bit of responsibility, sort of thing. And my brother was there, started crying his eyes out... fucking, then my mum and dad turned around to me and said; 'K you have got to take the blame. Tell them that you done it. Your brother can't go to prison, he' blah, blah, blah, 'he can't, won't handle it'. So I told the police I done it...Obviously my mum and dad saying that my brother wouldn't have been able to handle prison, look what happened to my sister when she went to prison [sister later commits suicide whilst in prison]. Would that have happened to my brother...?" (IV3, p.4)

At that point during the interview I suggested to Karl that he really doubted he was so able to manage himself, but had been coerced into thinking he was the sibling who could cope. He nodded, and said 'you should see my twin brother now, he's not that shy or little, he's the opposite. He's a football hooligan...big skinhead...tattoos all over him' (IV3, p.4). Karl told me that now however he did not permit himself not to manage, or to acknowledge struggling or a need for help;

Karl: And what do I do when I'm vulnerable, you know, I fucking push people away. I'm a fucker for asking people for help. You know, I hold things in, I don't talk about stuff enough...It's like when I went for the job as a sales manager at [DIY store]. You know I left rehab and everything, and it was the

first job I went to...and [I] worked my way up...to a point where they were offering me my own store. And then when I got to that sales manager point, I was struggling with the job. I couldn't cope with the job. But instead of voicing, instead of going home to [ex partner] and saying; "look...I can't, I've bit off more than I can chew here" or actually going and saying to my employer; "look I've bit off more than I can chew, I'm struggling a bit", I cover it all up, but inside my head I'm dying and then it gets to a point where...[pause] I ended up relapsing because of all these little things inside my head.

CE: It seems to be part of your character really, that you can't afford to be what part of you perceives as weak, or admit any weakness.

Karl: I wasn't allowed to be weak, you know. I weren't allowed to be weak in front of my parents, I used to put on the strong man image when I was in the children homes and foster homes, in fear of getting abused and beaten and bullied, so... I can see where it comes from (IV3, p.7)

Karl had used alcohol, heroin (intravenously) and crack more or less daily since age 21. He said of his drug use:

"I do use drugs to an extent to block out a lot of the stuff that's happened in me past. You know, I've got a lot of locked doors in my head that I don't open, yeah....Using the drugs helps keep them doors locked if that makes sense, d'you know what I mean? But.....erm.....it's not me mum and dad's fault that I use drugs now. Maybe it's me own fault because I can't handle the feelings but...using drugs helps me carry, helps me hide those feelings I suppose, helps me cope with them" (AAI, p.17)

Karl showed how drugs and alcohol helped him particularly to avoid contact with a feeling of not coping;

“...a lot of the using now that I’ve been doing...is me covering up...again I think it’s where, say things weren’t that right for me at work and stuff like that, where I’m not talking about all these feelings, where I feel inadequate because I couldn’t do the job properly, you know...I’m worried about how people are going to perceive me because...I went on and on and on at it. I’m the one, I can finish this job, I can do it, that person’s crap, that person’s crap, you need me to do the job. And then actually getting it and then actually having to tell the people that I work with, you know all the people that vouch for me to get that job, now I couldn’t do it, I weren’t good enough. You know, and I felt inadequate and stuff like that. I couldn’t do that. So yeah, I think a lot of that was what the drinking was...And then obviously I think it got to the point where drinking weren’t enough. There were too many feelings and drink weren’t working. It got to the point where I needed something else, and that’s when the [drug] using came” (IV3, p.9)

Karl said he was also terrified at the prospect of being in touch with the rage he felt about his experiences:

“Maybe that’s one of the reasons why I keep going back to drugs...I just can’t fucking talk about it. Just...I dunno...it’s just upsets me so much, it hurts, the feelings, if you take yourself back there, it’s just like, I dunno. I just have this shutter that comes up and it just...and that’s probably why I do keep going back to drinking and going back to drugs and stuff like that, because I can never go too far...but then I can just take myself away from it, by doing drugs, by doing this or that. But most of all it’s...I’ve been in prison, 3 or 4 times for violence you know, and it does scare me how, yeah, how I’d be, temper wise, if I did let it all out. They would probably have to keep me in a padded cell” (IV2, p.11)

I felt that over the course of our three meetings, I did not make much contact with Karl. I think it was genuinely important for him to tell me about his experiences, and how he felt he had managed them. He attended when he said he would, was on time, and seemed to take the interviews seriously. Yet, I felt him to be quite impenetrable. He was wary of me, very clearly signalled that he would control what we spoke about and our interaction, and though he even smiled at me during later interviews, I felt he treated me very coldly.

4.6 Intrapsychic factors common across case study data

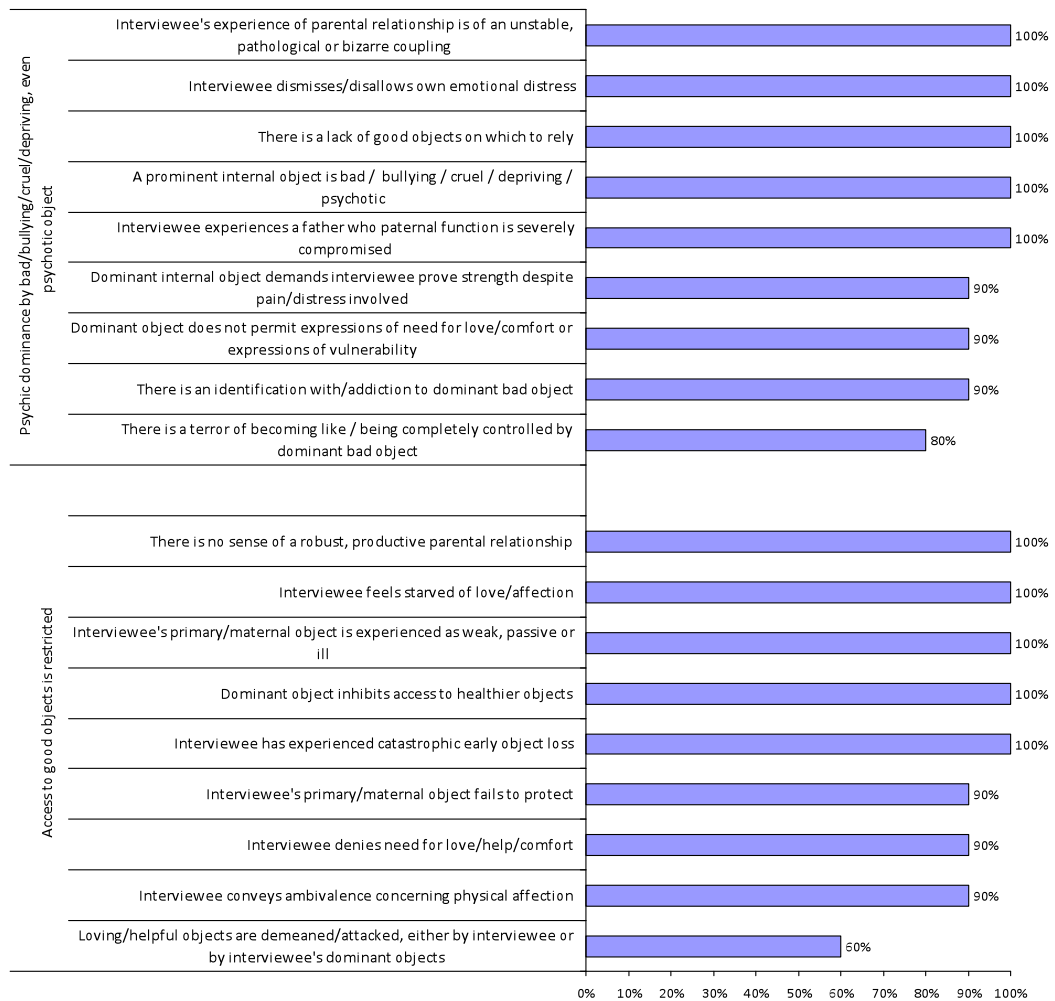


Table 5: Intrapsychic factors common across case study data

4.7 Unconscious motivations for drug addiction

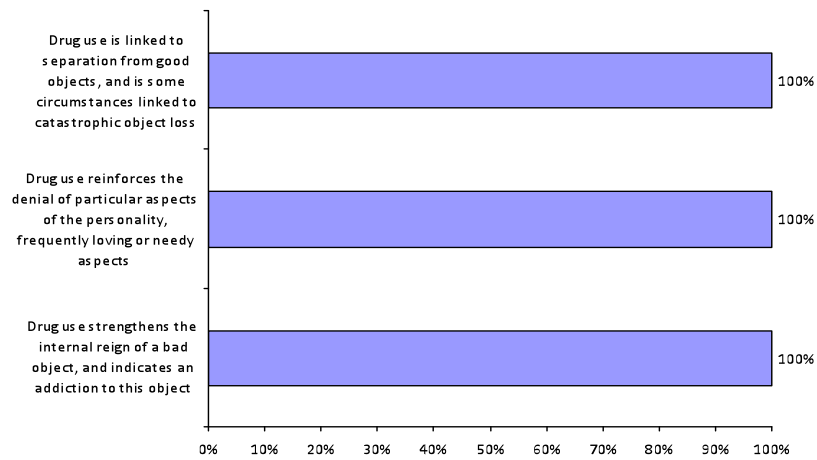


Table 6: Unconscious motivations for drug addiction

PART THREE – EXPERIENCE OF INTERVIEWS AND INTERVIEW PROCESS

I was impressed by the effectiveness of the AAI in eliciting information about participants and their life experiences and life trajectories. In asking very specific questions about participants' early memories and significant relationships, the AAI gave access to certain facts that may not have emerged in a free associative clinical interview. In terms of its capacity to elicit a multi-layered narrative that revealed primitive, unconscious material, the AAI was shown to be an excellent tool. A more free associative approach may not have stirred and revealed such material, at least not so quickly. One could not further enquire about such material during the AAI itself, hence the need for further interviews to do this.

The AAI further proved to be a useful tool since where one just focuses on drug use, or where interviewees are not directed specifically to talk about something other than their drug use, a wide appreciation of participants' deeper histories is not necessarily obtained. This view is based on clinical experience of work with this patient group, which has shown that deeper conflicts are so often projected onto difficulties around drug use. For example in avoidance of talking about a painful loss, a drug user might revert to thinking and talking about how hard the last attempt to get 'clean' was. It is also informed by the fact that during this research when interviewees struggled to think about their early histories and relationships, where these were so painful, they reverted to thinking about drug use. The AAI kept drug users focused on experiences that were painful in their own right, and which seemed strongly associated to drug use. Access to a fuller narrative enabled a more comprehensive consideration of what might motivate drug use.

I also found that within my particular sample, and I think the same would apply to many of the drug users I have worked with in the last decade, some of the AAI questions relating to early care did not fit. This in itself is revealing, and the answers to such questions revealed much interesting data. For example where respondents were asked to consider experiences with, and the motivations of significant caregivers, several participants were unable to identify a significant caregiver. These individuals had been in care for most of their lives, having been removed from their parents at a very young age, and had been moved between foster carers many times, so that they felt they had not established a relationship with one or a number of caregivers. Nadeem and Assia (participants 1 and 7) fall into this category,

and both cited their siblings as the most significant people with whom they had relationships as children. The following extract from David's AAI further illustrates this point:

CE: Who would you say have been the most important people in your life, who have tried to look after you?

David: Myself. If it wasn't for me being strong minded and I dunno, determined, then... I don't know. I don't reckon I would um....I can't really class anybody as that because I haven't felt that, really, I can't really say that. So that's why I say just me' (AAI, p.2)

If I encouraged respondents to think about whether there ever had been an older person who had helped with basic care, putting them to bed for example, they often denied this. When I pushed one participant to think about an adult who had looked after him, he reluctantly said that he had been closest to his Social Worker whilst growing up, but that his contact with her had been minimal:

CE: You didn't grow up living with your mum, was there a particular foster carer who,

20: [Interrupts] No I went through loads of foster carers so I didn't have no particular one...and I can't really remember them...

CE: Was there one particular adult that you were close to when you were young?

20: No.....apart from my social worker....[long pause]...

CE: And was that person present throughout your childhood?

20: Yeah since I was one, yeah....[pause]...so...yeah I knew her the best...

CE: How much contact did you have with her?

20: Whenever I used to go and see my mum, she used to be there supervising it, so...I'd see her three times a year as well...' (AAI, p.2)

I always intended to use further research interviews to follow up material revealed during AAI's, since the AAI itself on the whole did not allow for this, however I am convinced this was a good approach. Whilst I did learn through AAI's about particular happenings and relationships in the lives of respondents that may not have been revealed had respondents not been prompted, this data was in some sense superficial. Though it often pointed to rich phantasies concerning objects and object relationships, I was unable through AAI's to obtain reliable information about intrapsychic conditions and functioning. For example I felt that Chris massively idealised his mother and their relationship during the AAI, yet it was only over the course of the next two interviews that I became convinced of and could further understand this. One of the ways this deeper understanding came was through my challenging some of his thoughts about his mother, which I was free to do during follow-up interviews but not during the AAI. Cartwright (2004), whose Psychoanalytic Research Interview method I was influenced by, had usefully advocated a series of interviews to allow this deeper understanding of intrapsychic factors to develop.

Over the course of three interviews, I also found that it was possible to test out transference and countertransference impressions, though also in a superficial way when compared with the way one can do this in the course of psychotherapy. For example I felt that from our first meeting Chris wanted me to regard him as a 'strong' person, not devastated by serious trauma and abuse. This was borne out over the course of three meetings when Chris revealed that he always related to people in such a way as to create this kind of impression, and also to hold on himself to the delusional fantasy that he was unaffected by his experiences. In this way I learned much more about the nature of internal objects and object dynamics than was possible during AAI's.

I also found that having 'warmed up' during AAI's, participants spoke more freely during further research interviews, and some keenly anticipated the opportunity to talk further. Though initially daunted by the fact that I wanted to hear about more than their drug use, participants generally welcomed my interest, and even enjoyed the experience of talking about themselves. They became on the whole more reflective, and demonstrated an interest in thinking about themselves and their experiences, including about the mental states that motivated their own and others' behaviour. This interest having been stimulated, I imagine that higher RF scores may have been awarded had this been tested following the third interview. Chris told me:

Chris: I could take drugs before I came into here and not even know what I was talking to you about, and leave here and go 'oh well, that's that done'.

CE: But you didn't.

Chris: No, because I didn't want to. I wanted to feel...I wanted to know how I would feel, and it surprised me how I felt when I left here, it really did. And I went straight into P [drugs worker] and I was like "I need that again....I need to speak to someone again". 'Cause when I asked you if I was gonna see you again and you said no, I said to P straight away "I need to do that again". "Cause I didn't think I was gonna see you again, and she said 'we'll sort it out'. And then she said to me that you'd spoken to her and I was like oh great, you know at least I'll get to feel like that again, kind of....I liked that feeling..." (IV2, p.7)

I felt that the combination of an AAI and two further research interviews based on the clinical interview, transcended in terms of depth the field interviews which are typical of social research. The series of interviews also revealed movement in the thinking of interviewees, sometimes motivated by interpretation and at other times seeming to happen spontaneously in response to the particular setting I provided. This mirrors the understanding that comes about in clinical work.

The experience for me both of the interviews themselves, and the hours of thinking about them which followed, was very painful. At times I felt I couldn't face listening to the taped interviews or re-reading transcripts, and I hesitated to commit to paper some of the accounts, knowing how disturbed by them a reader could be. This said, I feel that the very disturbing accounts which have stuck in my mind, like Chris discovering his mother with blood coming from her eyes, and which were similarly lodged in the minds of the individuals who had experienced them, must not be looked away from. They so clearly account for the need to obliterate states of mind such as through drug use in a way that just stating that a participant was subject to traumatic experiences of violence within the home does not.

4.8 Methodological and ethical issues associated with clinical-research interviews

Employing in this research the clinical skills I have honed over a decade added significant depth and quality to the findings. Being able to appreciate what was being communicated to me indirectly, and having a good 'transference radar', helped me to understand a great deal even over just three meetings, about participants' internal worlds and object relationships. I don't believe such understanding could be gained by a researcher without clinical psychotherapy experience. As importantly however, I doubt that participants could be protected in the same way by a researcher without such experience. Participant anxiety and disturbance is sometimes very great, even where the participant isn't aware of the extent of this, and even where they seem to be very willing, and to need to share the most intimate details of their lives, as Chris did. An experienced clinician-researcher would be far more likely to pick up the disturbance, contain it through interpretation and if necessary halt a research interview where an untrained researcher might not. I would regard it therefore as unethical for a non-clinician to conduct the kind of interviews I have conducted in this research.

DISCUSSION

5.1 Summary of object relational findings

Data obtained from the ten case study subjects consistently revealed the presence of two kinds of internal object; a dominant object that was especially harsh, punitive and depriving, and a weaker but potentially helpful object that was felt to be capable of offering some support and sustenance. The first kind of object was felt to inhibit access to, and wear down the second kind, so that it was felt not to be worth turning to, or to have been driven out. In the absence of any other person or internal object on which to rely, and because it offered some form of protection from pain, an allegiance was made by all ten case study subjects to the harsh and punitive kind of object, so that reliance on it was almost total. Preoccupation with this object was felt to indicate the power it yielded. The personality was depleted in the sense that any characteristic not valued by the dominant object was got rid of. For example because the dominant object required that all vulnerability be denied, participants typically idealised a state in which they were cold and unfeeling.

This was the most prominent object relational constellation noted in the data, and what follows is a deeper consideration of this main finding. I acknowledge that evidence for other psychoanalytic interpretations exists in the data. There was a clear wish amongst participants to create an idealised experience through their drug use, which represented escape from hostile and deprived internal and external worlds. Unconscious attempts to enliven dead or dying internal objects through drug also were also found to be common. These and other potential readings of data are considered. Such interpretations are however seen to fit with the main object relational finding outlined, rather than to cast doubt upon it.

5.2 Two types of internal object

The infant at birth is flooded by somatic excitations as he is suddenly exposed both to the external world and his responses to it. The way he is handled and responded to by a caregiver, usually mother, as well as the way he responds to this handling and care, is critical in terms of personality development. Loving and sensitive handling can mitigate all kinds of

impulses that are experienced by the infant in his early weeks and months as overwhelming. By contrast, a cruel response to the infant, or the absence of any response, may lead the infant to feel literally assaulted by his experience, which remains meaningless. On the basis of interactions with external others, and first and foremost following the feeding experience, the infant's internal world begins to form.

Klein wrote;

“The baby, having incorporated his parents, feels them to be live people inside his body in the concrete way in which deep unconscious phantasies are experienced – the are, in his mind, ‘internal’ or ‘inner’ objects “ (Klein, 1940, p.345).

Internal objects take on a life of their own inside the ego. They are felt to have particular characteristics, motives and intentions, and to relate to other objects within the ego. However, though they may be felt to have independent agency, internal objects are imbued with the infant's own impulses; loving, forgiving, hateful and envious. Where the infant has projected a great deal of aggression into his objects, so that they are felt to be persecuting, the experience over time of a patient and loving caregiver who can help the infant tolerate his own aggression, so that he does not have to get rid of it all of the time, may lead to the modification of an internal object so that it becomes less cruel. Where the external environment itself is dangerous, or fails to mitigate the infant's worst phantasies concerning objects, objects remain terrifying, brutalising and so on. In Kleinian theory, experience is seen in these terms; as confirming or dispelling anxieties about internal reality and objects (Bronstein, 2001).

Conversely, the nature of internal objects has a great bearing on the quality of experience, and on one's experience of external others. For example, and without wanting to simplify what is a highly complex interaction between internal and external reality, where a dominant internal object is felt to be powerfully controlling, one's is likely to experience important individuals in the external world as powerful and controlling. Further, the personality itself is seen to develop in a particular way if one's internal objects support such development, and to not develop in ways one's objects disapprove of. For example, an

individual whose central object/s are suspicious and frightened of mother, and of what is inside of her, may find his interest in mother, and then in the world, and his intellectual capacities in general to be greatly inhibited. In this research, the ten case study subjects were felt to be influenced specifically by two kinds of internal object, described below, relating in a particular way.

5.2.1 A cruel, tyrannical object

Several facts pointed to the presence of a very cruel object in the minds of the ten case study subjects. Firstly, early experiences of deprivation, neglect and abuse, by which interviewees were traumatised, were ubiquitous, and it seemed that there had been little or no help to bear these experiences. Internal as well as external reality was hostile and frequently violent, since there had been very limited opportunity for objects which had been imbued with great cruelty, aggression and so on, to be modified through sustained experiences of love and help to think. Subjects not only conveyed that they had not had help to deal with some dreadful experiences, but that parents or caregivers who might have helped them bear these had been complicit in cruel or neglectful treatment.

Case study subjects had either experienced a father or male caregiver who was violent, non-thinking, even psychotic, or who was absent, either literally, or in the sense that he was so unable to assume a normal paternal role. Often father, or another male caregiver was at some times violent and cruel, and at other times absent. The fathers of those case study subjects who were cruel and violent, were goading and provocative, and were felt to enjoy their cruel treatment of the case study subjects. Where father was absent, and particularly where this absence was combined with the presence of a mother who was ill, or for other reasons not really able to sufficiently support the subject, this absence/dual absence was experienced as an attack. David felt his very continuity of being was attacked. Not being held together by an experience of care and of being thought about, he felt himself to be toxic, unable to sustain any good feeling, and literally falling to pieces. Klein (1946) said that the absence of a good object was often experienced as an attack by a vicious and cruel object, and David's concrete accounts of knife and gun attacks point to this kind of internal persecution.

It was notable that whether case study subjects told me about a violent or cruel or absent father/male caregiver, they were frequently preoccupied with the figure, or at least with this person as he was represented in their minds, in other words with an internal object. This figure was spoken about at length and in great detail. Sometimes subjects expressed almost inexplicable concern for a father/caregiver, as Sarah did. Rosenfeld (1960) argued that the ingestion of a drug could stand for the concrete incorporation of a bad object, and that the object was taken in out of guilt. Sarah said "when I'm not there he [my father] has no-one". I think in her unconscious phantasy Sarah's father's violent interactions with her kept him going, and she felt that were these not to go on he would become even more unwell, completely deteriorating mentally. Phantasied attacks on a hated parent would also provoke guilt and a wish to shelter even the cruellest father. Rey (1994) also pointed to the reparative nature of identification with a bad object. It may be that the function of preoccupation with a cruel and violent father was to make good, or at least less cruel and violent this father.

Identification with a bad object, for either or both of the above reasons, was frequently observed to have been made by subjects. Subjects regretted that they were at times like the hated and feared father, violent or cruel themselves; they had become the bad object. If they were not actually cruel or violent subjects conveyed that they sometimes idealised an attitude father would have taken. For example where he was intolerant of requests for comfort the subject had adopted a similar attitude, looking down on his own need for comfort as well as the need of others for it. Great conflict and anxiety was then aroused by the wish to receive affection, as seen particularly in the case of Richard and of Claire, and this anxiety extended to the area of expressing affection towards one's own children. I think the limited contact which subjects had with their own children, them having been taken into care or left with other caregivers known to the subject, must relate to ideas about caring, and in what this should consist. Actual children of subjects were also of course taken to stand for younger versions of the subject, so that separation from children was felt to indicate a lack of contact between the adult subject and parts of him or her which were in need of looking after, but which had been abandoned.

I think that the cruel object is able to dominate, and is idealised, even where healthier parts of the personality are severely constrained by it, because this arrangement offers some protection from psychic pain along the lines Rosenfeld (1971), Meltzer (1968) and Steiner

(1982) have described. The mocking of normal human dependence enables an individual to eschew the frustrations and disappointments of normal (let alone extremely cruel) human relations, and to remain omnipotent and free of depression. Karl told me that both his parents had refused to comfort him if he was upset, telling him instead to “fucking stop being an idiot and grow up”. It is not surprising that in order to avoid the abject pain and humiliation this must have entailed, Karl absolutely denied he had any need for a comforting parent, and allowed himself to be pulled into line lest he feel the need for support or such like, by an internal object which offered to lift him above such petty human concerns.

5.2.2 A weak, failing to protect object

In addition to the above, all ten case study subjects conveyed an experience of a mother or primary carer who was weak, passive or ill, and descriptions of this person were considered to reveal much about a central internal object. Mother or a primary caregiver was frequently felt to have been unable to cope with life, being emotionally unstable or mentally ill, weak in comparison to a cruel partner/husband, or addicted herself. In this state, she was unable to support or protect the subject in the normal way. This lack of basic care which is needed by all infants, was lacking however in dire situations where it was desperately needed. In the absence too of other caregivers who could offer help and protection, subjects had little if any experience of enduring difficulties with human help, which was felt to be unreliable. Perhaps for this reason, an attachment to a non-human object, a drug, was made instead. This relationship then enabled some avoidance of emotional pain, even if it was felt to be a kind of help to endure it.

There was much evidence of subjects attempting to enliven their actual mothers through provocation, and this also points to an associated phantasy of acting upon an internal object. Participants for example demonstrated how they attempted to get mother to protect them, keep them away from harmful influences or enforce limits on behaviour, though such attempts were usually fruitless. In some cases mother was felt to have neglected her responsibility to protect the subject because she was relieved not to be persecuted herself. For example Sarah, rather unusually, conveyed anger with her mother who gave “no thanks” when Sarah diverted father’s violent attention away from mother so that she herself was beaten. Subjects were usually reluctant to say that mother should have done more to protect them, or to express anger in relation to this. Yet for some subjects there was a

feeling that help could have been offered, but was withheld. One would expect this to arouse envious hatred of mother, and it may account partially for the unconscious allegiance made to a cruel object by subjects, and to the further demeaning of mother by subjects themselves. The relatively high incidence of theft from parents or caregivers amongst the sample points to a sense that subjects felt love and care was withheld (Winnicott, 1956).

Each case study subject conveyed an experience of being separated from good objects, and this seemed to be felt by all as catastrophic. Subjects seemed to have some concept of a mother who could protect and nurture in some of the ways they needed. Perhaps there had been some early fragments of experience with mother performing these essential functions before she became ill. Indeed Winnicott's (1956) idea concerning stealing was that there had been a good experience, and it was this, not the stolen object that the child was attempting to get back. Descriptions of the devastating losses of actual family members or close friends through death were felt to communicate the extraordinarily difficult experience of losing contact with objects which could offer help to endure pain. Such losses were experienced by subjects as catastrophic and traumatising. In some cases a traumatic loss (a death or separation from a helpful person) that occurred much later in life seemed to recapitulate the experience of a much earlier loss (also not necessarily a death). Very early environmental deficits must surely also have been linked to perceived abandonment by objects. A profound experience of having needed and not had something, like food or warmth, or love or protection, whether or not they permitted it, was felt by all case study subjects, some of whom conveyed that they had literally been starved of love or affection.

5.3 A specific form of object relating

In the minds of all ten case study subjects a particular object relationship had developed between the above objects. An especially cruel object inhibited access to or demeaned a healthier object, which then either could not offer help, or was felt not to be able to offer help to tolerate experience. The interaction between objects was revealed in interesting ways. In some cases a subject's father, standing for a dominant object, actually prevented contact with mother, who represented a weaker, though potentially helpful object. This was shown very clearly in Louise's case. Louise told both how her father, following an argument between he and Louise, had literally prevented Louise from telephoning her mother in order to get comfort or understanding, and also how (though she didn't consciously understand it

in these terms), father, in “forcing mother to have an abortion”, prevented Louise’s mother from mothering, including mothering Louise.

In other cases a caregiver, again standing for a dominant object, restricted access to external others who may have helped the interviewee, such as a teacher or social worker. Nadeem for example told how a foster carer had instructed him not to reveal the truth to teachers about how his sibling had come to be covered in bruises. Again, potential helpers were understood to represent an object that though capable of protecting, was held back from doing so by a dominant object. In some cases it was not evident that a particular external influence restricted access to another individual, agency, or object, which, it was felt, could protect or help the interviewee. Instead it seemed the interviewee had assumed an attitude towards him or herself which forbade looking for or accepting help, protection or comfort. This attitude was also felt to derive however, from the subject being dominated by a cruel object which forbade the accepting of help. As I have also considered however, sometimes the experience of not having one’s needs met consistently and over a long period, led subjects to entirely deny the existence of their own needs. The humiliation of deprivation was thus avoided.

Graphic accounts of past violence given by subjects were shocking, but I think the function of these reports was not just to evoke horror, but to obtain help to endure them, since these attacks should be understood as still felt to be going on in the minds of the subjects (Feldman, 2007). The revelation of dreadful experiences of being subject to or of witnessing violent attacks was, I felt, somewhat surreptitious, in that it was got past the gaze of a controlling and depriving object which perhaps was tricked into thinking accounts were just intended to display its power. The giving of these accounts was therefore felt to be hopeful. It indicated the need for help in detoxifying bits of experience that had become lodged in the mind of the subject. Winship (1999) earlier considered the recounting by addicted patients of noxious and toxic experiences in therapy. He suggested that the thinking through, bearing or metabolising of these by the therapist is necessary if the patient is to de-identify with dead or dying objects (or aspects of experience), but that rather than reflect further processed experiences back to the patient, the therapist may need to discharge or dispose of these.

I think the recounting of violent arguments, intimidation and so on further evinces the predominance of a particular object relationship. Feldman (2007) has considered how experiences like this should be understood to convey also an ongoing experience in the mind. Since in the accounts subjects gave violence frequently escalated to a point where the subject feared someone would be killed, it might also be true to say that there was a terror that good objects as well as an actual mother, for example, were in imminent danger of being completely destroyed. Even where the experience of parents coming together was not actually violent, case study subjects did not have an experience of a robust, productive parental relationship. Instead the joining of parents, or the conjunction of parental objects, was felt to produce an unstable, pathological or even bizarre coupling.

5.4 The pernicious relief brought by drugging

All of the individuals involved in this research felt that using drugs brought them some relief from suffering, even if being addicted brought new problems. For the case study subjects in particular, I think some suffering was caused by a lack of contact with helpful human objects, and though pharmacological drugging alleviated some pain, it also further separated subjects from potentially helpful human objects. Drug use therefore worsened a situation it was intended to improve. Because drugging strengthens the internal reign of a cruel object, which convinces the subject he needs no one and does not feel ordinary pain, and also prevents the subject from either valuing or accessing human help, it prevents psychic development through thinking about a problematic internal situation, as well as through processing earlier traumatic experiences.

Thinking psychoanalytically about the problem of addiction, one considers that the taking of a drug symbolises something. The taking into the body of a drug, and I think particularly injection into the body, may be felt in phantasy to do a number of things. One is to give new life to a nearly dead object, which is largely based on an experience with an ill mother who had been unable to mother in the normal way. Rey (1994) first postulated this idea. The object may then, magically, be felt to be able to offer love, help and so on. The associated relief must be enormous. Another idea is that a drug, standing for a hated or feared object, may be taken in and acted upon inside of the mind so that it becomes less cruel or powerful. It may even then be felt to be weak and in need of protection. Sarah and Karl particularly felt that their fathers, who were so tyrannical and violent, were also in need of help. I think

Sarah's cannabis and Karl's heroin and crack use helped them to treat their fathers, rendering each less tyrannical and less violent, as well as to soothe the distress to which father contributed. Phantasies such as these have enormous influence; particularly I think where primary objects are felt to have failed catastrophically. Further, and in line with the above, there is a phantasy that the ego is bolstered by a drug, such that it has no need for human help, or indeed any need that the drug itself cannot magically meet.

However, powerful though these phantasies are, and without denying that there is an actual effect on objects during intoxication, relief from the internal situation described (even if this is only through the obviating of awareness of it), is temporary. Once the effect of the drug wears off objects are felt to be as inadequate as they always were, and to relate in the old ways. The substance that was felt to be capable of bringing about change, an internal overthrow or shaking up, is shown to have strengthened the old order. I think unconscious knowledge of this contributes to the worsening of depression that Rado (1933) said accompanied sobering up. Intoxication is revealed to have been a delusion, no real work has been done to lessen the hold a cruel object has over the ego or to strengthen the ego overall, and this is known by the subject who must obtain more supplies to once more deny his true state of mind.

5.5 Links between AAI data and data from further research interviews

The above formulations are based on experiences with ten case study subjects with whom I met three times. I have said that whilst the AAI provided valuable information about participants' early experiences and relationships, and pointed to the presence of particular internal objects and object relationships, I was not permitted during the AAI to test out my formulations. These formulations were however, largely borne out as research went on. The experiences of violence, abuse, and neglect which were revealed during AAI's were shown to have contributed to the formation of particular internal objects and object relationships. What was shown over the course of three interviews was the psychic legacy of early experiences of trauma, abuse and deprivation. This couldn't have been determined by AAI's alone, although an objective score of capacity to mentalize could be obtained, one aspect of this legacy, could be obtained following this interview alone. The deep impact and effect on personality development, which could only be glimpsed at in just three interviews anyway, could at least begin to be discerned.

5.6 Concurrence of findings with existing literature

As Khantzian (1999) noted, most modern perspectives on addiction are agreed that individuals who become drug or alcohol dependent are not primarily seeking the euphoric or pleasurable effects of drugs. Rather they are looking for desperately needed help to manage affective experience which is terribly painful, even unmanageable, and overwhelming. Substance use is often an attempt to modify an unbearable affective state (Rado 1928; 1933; Rosenfeld 1960). The findings of this research do not deviate from such agreement. Again, there is general consensus amongst theorists and clinicians that there are at least two reasons for this. Firstly there is a high incidence of early trauma and neglect amongst drug addicts (Krystal and Raskin 1970; Wurmser 1974); frequently they have been invaded, abandoned and left so narcissistically damaged that substances are felt to literally enable them to go on living. Secondly, early caregivers of later addicts have often failed to give enough help to their children/charges to manage affective experience (Kohut 1971; Kernberg 1975; Krystal 1978; Krystal 1988). Commonly these same parents/caregivers were themselves responsible for causing much of the pain they did not help the child to manage. Krystal and Raskin (1970) noted this, and the consequent susceptibility of drug users to later re-traumatisation. They pointed to the use of drugs as substitutes for human help to manage painful affect. This research found the same. Drugs were shown in this sense to be, as David Rosenfeld (2006) suggested, “autistic objects”. That is, they are objects that are used in preference to the use of a human object to hold the addict together, and protect him from the pain of experience. Given the dreadful failings of parents and caregivers of individuals in the sample described, it is unsurprising that such a solution is sought. Wurmser (1984) had earlier noted the; “overwhelmingly traumatizing outer reality” (p.230) experienced by addicts, and Hopper (1995) concurred, stating that: “In addiction, there is always a history of trauma” (p.1134). Wurmser (1984) referred to the; “unusually severe real exposure to violence, sexual seduction, and brutal abandonment, and/or of real unreliability, mendacity, betrayal, and abandonment, and/or of real parental intrusiveness or secretiveness” (p.253) experienced by addicts. The revelations of interviewees in respect of trauma, abuse and neglect experienced in childhood were shocking indeed, and well outside the realms of what one would consider normal frustrations and disappointments of childhood.

Data from the ten case study subjects suggests that in each case the subject had internalized an unthinking, unhelpful and malignant object, which discouraged thinking about mental and emotional states. Krystal (1988), McDougall (1989) and De Paula Ramos (2004) both

identified failures by objects along these lines, and particularly of fathers, which left individuals incapable of differentiating between various affective states, and so further unable to defend against these. McDougall said “internal fragility is further weakened...[by the] lack of a strong paternal introject” (p.97). Data gave strong support for these claims. The fathers and male caregivers of the ten case study subjects were shown without exception to have failed to protect the children in their care, arguably with catastrophic consequences. The absence of good objects which could protect against such an experience of neglect was striking in this research. In this respect there was particular concurrence with US literature focused on ‘structural deficit’ (Kohut 1971; Kernberg 1975; Khantzian 1978; 1985).

Early object loss has been cited as common amongst drug users (Wurmser 1974; Volkan 1994), and drugs have been seen in the literature to substitute for objects, or provide a function another object might normally provide (Wieder and Kaplan 1969; Krystal and Raskin 1970; Kernberg 1975). The present research concurs, but specifically found that a good, potentially helpful object was deliberately worn down by a cruel, tyrannical object, with the result that the addicted person eventually gave up seeking human help. Thus, whilst drugs were felt to dull the pain of experience, addiction was shown to strengthen an internal situation which weakened the personality overall. This particular finding, that the addict’s intrapsychic world is dominated by a cruel and self-defeating object, and by a particular object relationship, would seem to be the most novel finding of my research. Johnson (1999) suggested something similar when he described the analysis of an alcoholic patient who felt helped by his alcohol addiction to separate from cruel and abandoning parental objects, though his addiction kept him tied to these objects. The finding that drugs were often believed to prevent an interviewee becoming like a hated bad object, as in “when I smoke a joint it chills me out, so I don’t act like my father”, but that instead they cemented a link to this bad object which left the interviewee feeling absolutely controlled by it, is also novel. Finally the discovery of a very particular object dynamic in the ten case study subjects, was also new, although Krystal (1978) had described one aspect of this dynamic when he pointed to the presence of a prohibiting internal object which forbade an individual from soothing himself. This, he said, led the addict to seek out a drug for comfort.

5.7 Impaired mentalizing, drug use and a particular intrapsychic situation

The evidence gathered during this study revealed very low levels of reflective function among the study cohort; this was ubiquitously associated with drug addiction. Subjects were not well able to consider their own or others' behaviour in terms of underlying mental states. It was striking that though they had experienced dreadful treatment by parents or caregivers, they seemed not to think of these people as having minds, or to have much interest in why parents or caregivers had been so neglectful/abusive. Inhibiting such awareness was intended to reduce pain, and may have enabled subjects to endure their experiences where they otherwise could not have. However, subjects were also then stuck with toxic elements of experience that they could not bear, and on which they ruminated, and then had to block out with the help of substances. Because these experiences could not be understood, they returned again and again. I think that addiction was probably a response to poor mentalizing. It promoted the kind of not-thinking that naturally seemed to be preferred, and seemed to be necessary, even if this approach to mental life resulted in entire aspects of the personality being walled off.

Research confirms a link between poor mentalization and drug addiction, though whether the former is a causative factor in addiction or results from it is unclear. It certainly seems likely that addiction further inhibits mentalization. Bateman and Fonagy (2004) argued that intoxication is inimical to mentalizing, or that the two are incompatible, and indeed claims that creativity may be stimulated through drug use are highly dubitable. Research did reveal that the ten case study subjects had not had help to develop mentalizing capacities. Such capacities must be nurtured in an interpersonal context (Fonagy, Gergely et al. 2004): A mother intimates to her child that he or she has a mind (or does not), and so the child tentatively conceives of him/herself as having a mind (or does not). Over time, and only with help, a child begins to more fully appreciate that they and others experience, or are capable of experiencing, a whole range of possible mental states. Such states may then be experienced as less alien and frightening. Case study subjects had either not had sustained help to process some extraordinarily difficult experiences, or rather been encouraged not to think about them, as if to do so could protect them from pain. Addiction then became a replacement strategy. Again, it followed, though I hesitate to say was caused by, poor mentalizing.

The particular intrapsychic situation I identified I think also contributed to impaired mentalizing in that the dominant cruel object did not want to be considered as it really was, and the weaker though potentially helpful object was too inhibited to question or challenge the internal order. The examination of one's own state of mind might alert one to a particular way of functioning, and such consideration could threaten the dominance of an object. Though subjects frequently acknowledged they knew how abnormal their experiences were, and that these had inhibited their development, (by this they usually meant social or professional development, rather than emotional development, which was most affected and itself affected so many other areas), they were as reluctant to evaluate experiences and consider that caregivers had particular intentions towards them, which were usually harmful. Such ideas were too painful, and addiction, with all the problems it brought, felt preferable.

CONCLUSION

All 34 participants in this research demonstrated difficulties in thinking about emotional life. Further examination with ten case study subjects showed that these individuals had not been encouraged or helped to think about their experiences by parents or caregivers, or other helpful adults. This, coupled with the fact that they had without exception had such difficult starts meant they were left with much unprocessed experience and feeling, which was felt to be highly toxic and disturbing. These elements of experience (Bion 1967) remained, and were felt as bizarre and dangerous concrete objects stuck in the mind. Getting 'off one's head' was sometimes felt to expel these from the mind. Lacking good, helpful internal objects that could assist in metabolising traumatic experiences, subjects also found another kind of 'help' to deal with this situation from an internal object which was cruel, violent, sadistic and sometimes psychotic. Protection from this object came however at a cost: In return for limiting pain, and I think literally for ensuring psychic survival, subjects were required to deny any vulnerability or need for human help, and to relinquish reliance on other, weaker but potentially helpful internal objects. In order to encourage this, potentially helpful objects were so demeaned by the dominant object, that their usefulness was severely restricted even if subjects did on occasion try to access the help they offered. Help from the cruel, dominant object was the only help subjects found to endure their experiences, so although the impact on personality development was devastating, there was not felt to be an alternative.

When this internal dynamic was already established, drugs were discovered to be an exemplary means of dulling experience and changing or escaping states of mind. In intoxication, subjects obtained temporary relief from pain, and even felt, because of what the drug was felt to do in phantasy to objects, that they had overcome a dominant cruel object and had revived and reinstalled in the ego a helpful, nurturing object. But they were fooled; the drug use that developed into addiction further cemented the internal situation I have described. It saw subjects finally turn away from thinking and emotional life, and though this saved them from some pain, it took away the possibility of using thinking to understand one's mental state. It also further limited contact with human others and so the possibility of receiving genuine help.

The drug users in this sample were all shown to have low mentalizing capacities. It is suggested that these capacities were inhibited by the drug users in the sample, as they are by individuals with borderline personality disorder (Bateman & Fonagy, 2007) because this was another means, like drug use, of not thinking about aspects of experiences. In this way drug users protected themselves from at least some of the pain associated with their experiences.

The relationship between poor mentalization and drug addiction is likely to be a complex one, but it is hypothesised that poor mentalization is both a causative factor in drug addiction (which is certainly over-determined), and that poor mentalization contributes to a continued need to use drugs where addiction is already established. Where experience can be processed, such as through mentalizing, there may be less of a need to use drugs in order to block out experience or mental states.

Hypotheses:

1. A particular intrapsychic constellation is common amongst drug-addicted individuals.
2. Drug use is an attempt to challenge this constellation, yet cements it.
3. Poor mentalization is a causative factor in addiction, and contributes to continued drug use.

Data gathered in this research is insufficient to confirm particular notions about the intrapsychic dimensions of addiction, or about the relationship between mentalization and drug use, but some important hypotheses have been derived. And as Rustin (2001) states, whilst scientific discoveries may be confirmed through repetition in laboratory-like settings, be these neo-natal wards or infant observation situations, they are not made in this way:

“...numbers were not, I think, the crucial issue...Once a few evidently normal infants and mothers were shown to manifest...[certain] interactional patterns...the crucial discovery had been made. What remained was replication, or more productively the elaboration of findings to discover more elements of the interactional process, and more sources of variance” (p.72)

Suggestions for further research

The small size of the sample in this research means that findings are preliminary. Further psychoanalytically oriented research with addicted individuals is needed to confirm the presence of particular internal objects and object relationships, and to consider how drug use attempts to modify these. Research would include longer-term psychotherapy with addicted patients able to engage in this, since intrapsychic dynamics can be studied most effectively over time, when transference and countertransference impressions can be tested out. Such patients would need to be stable enough and able to abstain from drug use for long enough in order that they could make use of psychotherapy. Such research, were it to confirm the intrapsychic findings of this study, would further support the use of psychodynamic therapy in addiction treatment. This therapy alone, with its focus on intrapsychic and interpersonal dynamics, may have the potential to target difficulties like those identified in this research.

In order to test whether poor mentalization contributes to continued drug use, research could use Bateman and Fonagy's (2004) Mentalization Based Treatment with an addicted population to determine whether increased mentalizing had any impact on current addiction. Of course beginning for the first time to consider one's own mental state, and the intentions of caregivers who were abusive or neglectful, could lead to an initial increase in drug or alcohol abuse. However over time addictive behaviour may be shown to reduce as mentalizing increases. Determining whether poor mentalization is a causative factor in addiction would seem to be even more complicated. The mentalizing capacities of a large number of non-addicted individuals could initially be tested. Of a large sample is it likely a small proportion would go on to become addicted, and RF scores may then be obtained to ascertain whether later addicted individuals had poor mentalizing capacities to begin with.

Implications for practice

A capacity to reflect upon experience, which includes an understanding that human beings have minds and intentionality, is necessary in a therapeutic process (Bram and Gabbard 2001). Where this capacity is lacking the possibilities for therapeutic work are severely limited. The low RF scores obtained by the sample presumably go some way to explaining the difficulties addicted patients often have with engaging in therapeutic work. They may also account for one typical countertransference response of professionals to these patients;

a non-reflective stance may be provoked in workers who identify with their non-reflective patients. This in turn could explain the tendency to focus on behavioural or medical treatments for addiction rather than consider the communication from the patient that relates to internal states. Where RF is more developed, patients are better able to use psychotherapy (Bateman and Fonagy 2004), and research shows that RF can be improved (Bram & Gabbard, 2001; Bleiberg, 2003).

It was hopeful that the case study subjects found some relief in thinking where they were helped over a period of three meetings to do this. It is likely that all these individuals would initially have been seen as disinclined to engage in treatment where actually they did not know how to engage, or how to use help offered. Rather than treatment resistant or unmotivated, they could be helped to think, and their interest in doing this was stimulated by our meetings. They were motivated already to tackle their drug use but terrified about relying on another human being, having been so catastrophically let down by carers in the past.

I think that the increase in curiosity in mental life that I observed over the course of three interviews occurred as a direct result of my demonstrating curiosity about the contents of subjects' minds, and my encouraging this interest in them. My capacity to think about some extraordinarily difficult and disturbing experiences, I think, further enabled these to be thought about by subjects, rather than acted out or obliterated through drug use. Chris for example noted:

Chris: I was very nervous, when I first came. Er...I didn't know how I was gonna feel or what I was gonna feel 'cause raking up the past to me wasn't something I wanted to do. Um...But when I left it felt like...I dunno, not a weight had been lifted off but that I'd opened up some...very very deep thoughts that I never thought I'd think about...that I didn't want to think about. But now that I've started thinking about them, it ain't half made me feel a bit different...It's a bit weird, I feel like actually talking. Not talking like for the sake of talking, just, I felt like talking.

CE: Telling somebody about your life and yourself.

Chris: Yeah. And it was weird, 'cause I've never ever wanted to do that...I've never wanted to speak about what I've been through, since the age of 10 I've just kept everything to myself...I didn't know I was gonna start dealing with my own feelings which I started doing. And that was quite...that was quite hard to start with, but after a while it was, it was quite a relief (IV2, pp.1-2)

I was convinced that Chris felt relieved to have told me about what he had been through, and when I asked him if he felt the experience of talking to me would have any bearing on his drug use, he said:

Chris: I think it will, because it means that I don't have to hide. And doing drugs and drink is my...it's my rock, I can crawl back under my rock and hide, and no one can get to me. Because when I'm stoned or drunk, I don't have to worry about what the world feels, or what people think about me. I don't care, because I'm...too inebriated or too high to think about it. And that means that I don't care what anybody thinks (IV3, p.2)

Chris was so surprised to find relief in communicating what he thought and felt to a receptive mind. He told me he never did this, and had never had the opportunity to do this. Instead he felt he had to use drugs in order not to think or feel. This was a common experience across the sample, if the degree of relief participants found in communicating was variable. Chris also imagined, I thought hopefully, no longer having to use drugs to conceal from himself the contents of his mind. This must have implications for the treatment of drug addiction. If addicted patients can be helped in a relationship to share experiences and begin to tolerate what would otherwise be unbearable feelings, they may over time not feel so compelled to obliterate thought and feeling.

The mentalizing capacities of addicted patients may also be increased in the context of a relationship with an interested professional who can think about states of mind and intentionality, and encourage such thinking in patients. One cost of course of not considering

that others, like oneself, have minds and feelings is that little concern for oneself or others is felt even where this is warranted. This limits the potential for good relationships to repair some of the harm done by early trauma. Chris told me about the breakdown of his marriage, and across the sample drug users revealed the enormous difficulties they experienced in interpersonal relationships. Again, psychotherapeutic interventions whose focus is on interpersonal as well as intrapsychic relationships would seem best placed to help individuals understand these difficulties. Where an individual is unconcerned about the mental state or feelings of another person this also leaves that other person at some risk. I am reminded that David told me that once he had his mentalizing capacity stimulated by interviews (he of course did not put it in these terms), he was unable to go out and rob a stranger, as he 'saw fear in this person's eyes' (IV3, p.8). Increasing the mentalizing capacities of drug users who are routinely involved in crime to fund their drug habits, may do something to promote concern for those affected by the crime involved. If I am correct that many addicted patients experience harsh, self-defeating internal objects, as well as having poor mentalizing capacities, those involved in the provision of psychotherapeutic interventions need to be able to engage with the states of mind and relational dynamics that result from this. Further, if workers understand that in many cases addicted patients are doubly disadvantaged in terms of the use they can make, at least initially, of various talking therapies, then they may acknowledge and work with these difficulties. Reliance on medication and behavioural methods may diminish only following a new synthesis of restorative, therapeutic and caring experiences.

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APPENDIX I: INFORMATION SHEET



The University of Reading

Date

Dear

Following your interest in my research into addiction I am writing to outline what the research entails. I am particularly interested in the early life experiences of drug users, which may be relevant to the development of their addiction. 'Drug use' is taken to include alcohol use.

What the research entails:

- I would like you to complete a brief questionnaire (enclosed) giving information about your drug use.
- I would like to interview you once initially. The interview will last approximately 1.5 hours and can be arranged at a mutually convenient time. The interview will take place at the University of Reading. I may then want to interview you twice more, and we can discuss at the end of the first interview whether you would be interested in doing this.
- **FINANCIAL COMPENSATION:** You will be paid £20 for being interviewed once, which I will pay to you at the end of the interview. Payment will be in the form of a supermarket voucher. If we agree to meet for a further two interviews, I will pay you £30 more at the end of the final interview. Again, payment will be in the form of a supermarket voucher.
- I am interested to hear about you, your family background and important relationships, and your drug use.
- I would like to tape record the interview to enable me to listen to it several times.
- **CONFIDENTIALITY:** For the duration of the research project your questionnaire, the tape of your interview and any related notes I make will be stored securely. Only I will have access to them. On completion of the research the questionnaire and tape will be destroyed. Only a signed copy of this letter will be held by The University of Reading as proof that you agreed to participate in the research. You will not be personally identified in the research.
- You can withdraw your involvement in the research at any stage.

- If you would like further support following your involvement in the research, I will ensure that you are referred to the appropriate agency. It is not anticipated that you will want or need further support following your involvement, but sometimes just thinking and talking about yourself can raise feelings that you might want to deal with in more depth.

Thank you for taking the time to read this.

If you feel happy with the above and would like to be part of the research, please sign 1 copy of this letter, filling in the relevant details below, and post it back to me in the SAE provided along with the completed questionnaire.

If you would prefer to bring the questionnaire with you to our meeting (you may have some questions about it for example), this is also fine. I will contact you as soon as I receive your reply. Keep the other copy of this letter for your own records.

Alternatively, if you would like to talk to me about the research before deciding whether or not to take part, please don't hesitate to contact me on 07970 *****. If necessary please leave a message and I will contact you as soon as possible. Alternatively email me at c.l.english@reading.ac.uk

Finally I have enclosed a Consent Form which I will ask you to sign when we meet, prior to beginning the interview. I will bring a copy of this with me; keep the enclosed copy for your records.

Please note that this research is being conducted as part of a higher degree at the University of Reading. The project has been subject to ethical review by the Research Ethics Committee at Reading and has been allowed to proceed.

Thanks again.

Christine English
Researcher

c.l.english@reading.ac.uk / 07970 *****

I would like to be involved in this research

Print name: _____

Sign: _____

How best to contact me:

APPENDIX II: CONSENT FORM



The University of Reading

Consent form

- 1) I have read the covering letter sent to me by Christine English inviting my participation in her research into drug and alcohol use.
- 2) I understand the purpose of the research and what will be required of me. Any questions I have had have been answered to my satisfaction. I agree to the arrangements described in the covering letter which relate to my participation.
- 3) I agree to complete a short questionnaire prior to being interviewed.
- 4) I agree to take part in an interview which will be tape recorded.
- 5) I understand that my participation is entirely voluntary and that I have the right to withdraw from the project at any time.
- 6) I understand that no personal information identifying me will be included in the final thesis.
- 7) I have received a copy of this consent form and the accompanying letter.

Name: _____

Signed: _____

Date: _____

APPENDIX III: ADULT ATTACHMENT INTERVIEW PROFORMA

The Adult Attachment Interview (George, Kaplan et al, 1985)

The purpose of the interview is to establish the speaker's pattern of thinking about relationships; it is not necessary or desirable to obtain a complete history.

PART I: ORIENTATION TO SPEAKER'S CHILDHOOD FAMILY

1. Before we begin, could you orient me to your childhood family? For example, where you were born, who was in your family, where you lived, what your parents did for a living, and whether you moved around much - things like that. I just want to know something about your family before we start.
 - a. Include identifying all people who lived in the home and any changes in parental responsibilities, for example, marriages, divorces).
2. Did you know your grandparents when you were a child?
 - a. Ask about relationship with each, both sets, & frequency of contact.
 - b. If they were not known personally known, ask what the speaker's parents said about them – try to get a brief description of each grandparent, how did they get on with the speaker & speaker's mother/father?).
 - c. Assess whether or not they were attachment figures
3. Were there any other people to whom you were close when you were young?
 - a. Identify non-parental attachment figures; siblings, aunts, uncles, teachers, siblings.
4. What is the earliest memory you have as a child?
 - a. Ask about the sensory aspects of the memory?
 - b. Ask whether anything 'happens', i.e. is it an image or an episode?
 - c. Ask how old the speaker was at the time
 - d. Ask why the speaker thinks he has this memory
5. I'd like you to describe your relationship with your mother, as far back as you can remember.
6. Now I'd like you to choose five words or phrases to describe your relationship with your mother. This may take a bit of time, so go ahead and think for a moment. I'll write them down as you're talking.

- a. Write the words down exactly as the speaker says them. If the words describe the parent, rather than the relationship with the parent, ask 'Does this describe your mother or your relationship with your mother?'
 - b. If fewer than 5 words are offered, , first encourage more, then accept fewer and move on. After episodes have been obtained, query whether other words come to mind.
- 7. Okay let me check, I wrote down x, x, x, x, x. Is that correct?
- 8. You said that the relationship with your mother was x. Can you tell me about a specific occasion when your relationship was x? Try to think back as far as you can.
 - a. Ask this for each word or descriptive phrase that was given, in the exact order that the words were given.
 - b. Ask follow-up questions and questions to clarify uncertainties:
 - c. Inquire about full sequence of events, as well as about speaker's feelings during or after the event.
 - d. If speaker does not spontaneously state how episode ended, ask.
 - e. Explore any contextual or somatic images the speaker uses.
 - f. For each memory, if the speaker does not give their age, ask.
 - g. If adolescence or the present is the speaker's frame of reference, encourage them to think about early childhood. Assure them that adolescence and the present will be discussed later.

(The process of describing the relationship, seeking semantic descriptors, and requesting matching episodes is repeated for each attachment figure)

- 9. To which parent did you feel closest to as a child?
- 10. Why do you think you felt closer to x?
- 11. Why isn't there this feeling with (other parent)?
- 12. The next set of questions is about some common experiences that children have. What happened when you went to bed as a child?
- 13. Can you remember any specific time when you were in bed?
- 14. When you were distressed as a child, what did you do?
- 15. For example, what happened when you were ill as a child?
- 16. Can you remember a specific instance?
- 17. What about when you were hurt physically, what would you do?

18. Can you remember a specific instance?

- a. Find out how each parent handled this. Be especially alert for speakers who assume that someone hurt them. Explore the conditions under which this occurred and be attentive to its relation to threats, fear, and abuse or other types of trauma.

19. When you were upset emotionally, what would you do?

20. Can you remember a specific instance?

- a. Find out how each parent handled this.

21. If you needed comfort, what would you do?

22. Can you remember a specific instance?

23. When you were distressed, would your parents hold you?

24. Can you remember a specific time, and how that felt?

- a. Probe for specific images of physical comfort.

25. Can you tell me about the first time you remember being separated from your parents?

- a. If asked what constitutes a separation, state that it is whenever the child felt separated.

26. How did you respond?

- a. Include feelings and actions.

27. How do you think your parents felt?

- a. Ask what they did as well.

28. When you were young, did you ever feel rejected by your parents - even though they might not have meant it or have been aware of it?

29. Can you remember an instance?

- a. Be sure to get the age.

- 30.** Why do you think your parents did this (or these things)?
- 31.** Do you think they realised you felt rejected?
- 32.** Can you think of a time when your parents were angry with you? What happened?
- a. Seek both temporal order (initiating events and consequences) and also feelings.
- 33.** Can you think of a time when you were angry with your parents? What happened?
- a. Seek both temporal order (initiating events and consequences) and also feelings.
- 34.** Did your parents ever threaten you, for example, for discipline or even jokingly?
- a. Ensure the speaker addresses whether severe discipline ever occurred.
- 35.** For example, did they ever threaten to leave you?
- a. Ask for specific incidents and ages. Query for temporal order in the episodes as well as images, affect and semantic judgements.
- 36.** Do you have any memories of frightening punishment or abuse?
- a. Ask for specific incidents and ages. Query for temporal order in the episodes as well as images, affect and semantic judgements.
- 37.** Did you ever feel very frightened or not sure that you were safe?
- a. Include family and non-family experiences. Family violence, threats by non-family members, experiences during wartime, natural disasters & events like moving to a foreign country should be explored. Vicarious trauma should be explored.
- 38.** Tell me what happened.
- a. If not mentioned, probe for temporal order, imaged context and the speaker's feelings during the event.
 - b. If the speaker does not spontaneously mention the parent's role, enquire about it. If possible, determine whether they were a source of danger, safety, and/or comfort.

- 39.** (Omit if there was no substantial threat) Do you worry about something like this happening again? Under what sort of circumstances?
- a. Explore whether the speaker thinks this could happen again following certain events, in certain contexts (places, images, feeling states), or is limited to anniversaries.
- 40.** How likely do you think it is that this could happen again?
- 41.** What would you do to try to recover if it happened again?
- 42.** Has this event changed your relationships with other family members?
- 43.** In what way?
- 44.** Why do you think this has happened?
- 45.** When you were young did you experience the loss of someone close to you?
- a. Address all family deaths, beginning with the earliest. If a non-family death assess psychological impact
 - b. For critical separations, the interviewer should adapt the questions below to fit the circumstances (e.g. were you present when your father left?)
 - c. Explore vicarious losses (e.g. loss of a father or sibling before the speaker's birth). Explore them, if the speaker brings them up, as if they were personal.
 - d. Ask the following when the speaker doesn't spontaneously offer the information:
- 46.** Can you tell me the circumstances and how old you were?
- a. If the person was present at the death/funeral, ask for a description of what happened and how they felt.
- 47.** Were you present during the death?
- 48.** What happened?
- 49.** Did you go to the funeral?
- 50.** What was that like for you?
- 51.** How did you respond at the time?
- 52.** Did you have any warning the death would occur?

- 53.** Can you recall your feelings at the time?
- 54.** Have your feelings regarding this death changed much over time?
- 55.** How did it affect other members of your family?
- 56.** Have your feelings changed over the years?
- 57.** Does this loss affect your approach to your own child?
- a. If yes, ask in what way?
- 58.** Do you worry about other people dying? Under what sort of conditions?
- a. Probe for fear following certain events, in certain contexts (places, images, feeling states) around anniversaries.
 - b. Ask about the expected probability of recurrence and how the speaker might avoid or prevent a recurrence or recover for one.
- 59.** Has this event changed your relationships with other family members?
- 60.** In what way?
- 61.** Why do you think it has turned out that way?
- 62.** Have you lost anyone close to you as an adult?
- a. Repeat the above questions for other significant losses. To limit length of interview, if there are many losses, explore those relating to attachment figures.
- 63.** Looking back on it now, do you think your parents loved you?
- a. Notice how speaker arrives at their conclusion regarding each parent's love
 - b. Ask for an example of the loving or unloving behaviour.
- 64.** Taken as a whole, how do you think your childhood experiences have affected your adult personality?
- 65.** Are there any aspects of your childhood that you think were a setback or hindered your development?
- 66.** Why do you think that your parents acted as they did, during your childhood?
- 67.** Has your relationship with your parents changed, as you've got older?

68. Was it any different in adolescence?
69. Can you give me an example?
70. How is your relationship with your parents now?
71. How do you think your childhood relationship with your parents or your other early experiences prepared you, as an adolescent and adult, for love relationships?
72. For example, did they affect whether you chose to marry, how you chose your wife/husband/partner, or how you manage your adult love relationships?
73. Thinking about your life now, do you have a partner? Children?
74. How do you feel when you separate from your children? Partner?
75. Thinking over all that you have told me, what do you think you have learned from your experience as a child?
76. Now that you are an adult, are there any things that you wish to do with your children that are similar to what your parents did?
77. Are there any things you would like to do differently?
78. I've been asking about your relationships with your parents, as a child and up to now. Is there something more that you wish to add that is important to understand the adult you have become?

Follow-up questions:

Should clarify and expand the speaker's answer

Probe for *specific* memories/attachment behaviour

Always enquire further about dangerous/attachment relevant events:

- What happened?
- When and where did it happen?
- What was the sequence of events?
- How did the event conclude?
- How did the speaker feel during and after the event, including now?
- If speaker does not give a specific episode to support a descriptive word, ask once more for a specific episode, then move on.
- If the speaker gives an episode from late childhood, adolescence or the present, ask once for an earlier episode, then move on.
- Do not lead the speaker/help him to understand any experience shared.

APPENDIX IV: 'CHRIS' PRE-INTERVIEW SCREENING TOOL

Name:

Signature:

④

Age: 37
Date: 13/01/09

Substance	Age first used	Age last used	Frequency of use (estimate, e.g. daily, 3 times a year)	Quantity used at any one time (give range, e.g. ½ - 1 gram)
Cannabis	12	25	DAILY	8TH DAY
Speed	14	19	1/2	AT PARTY
Ecstasy/MDMA	17	30	Weekend	2/6 TABS EACH NIGHT
Ketamine	/	/	/	/
LSD	17	30	Weekend	2/3 TRIPS NIGHT
Cocaine	13/14	35	Weekend	1gm/2cr Weekend
Crack cocaine	15	current	DAILY	50/300 DEP ON WHAT I GOT
Heroin (State if smoked or injected)	15	37	DAILY	5/6 BAGS EACH DAY
Solvents/ Inhalants	12	15	GAS TIE DYE THINNER	3/4 DAY
Alcohol	12	NOW	STILL USING 10 CANS SPECIAL BREW	DAILY
Other				

1

As a result of your drug use do you:

1. Fail to fulfil major obligations (for example at work or home)? ☒ Yes No
2. Put yourself in physically hazardous situations (for example drive whilst under the influence)? ☒ Yes No
3. Experience recurrent legal problems? ☒ Yes No
4. Experience recurrent social or interpersonal problems? ☒ Yes No
5. Where you have answered 'yes' to any of the above, do you continue to use drugs despite these adverse consequences? ☒ Yes No
6. Do you believe that you have built up a tolerance to your drug of choice? (I.e. do you have to take more of it to get the same effect?) ☒ Yes No
7. Do you experience withdrawal symptoms if you do not have your drug of choice? ☒ Yes No
8. What was happening around the time you started to use drugs? (For example separations, relationship changes/difficulties, life changes?)

in care

9. Do you consider your drug use to be problematic? Yes | No

10. If no, why do you think it is not problematic?

—

11. If yes, why do you think it is problematic?

—

12. Any other comments (continue overleaf if necessary):

APPENDIX V: LIST OF CODING CATEGORIES

External factors common across AAI's

One parent is actually absent, interviewee is raised by other parent	1
Absence of one or both parents is perceived (rather than actual)	2
Interviewee is taken into care for a period	3
Interviewee is left with a relative for a period	4
Interviewee is subject to violence by parent(s) or caregiver(s)	5
Interviewee is subject to cruel treatment by parent(s) or caregiver(s)	6
Interviewee witnesses violence towards a parent	7
Interviewee witnesses violence between parents/caregivers	8
Interviewee indicates feeling full of rage	9
Interviewee is violent	10
Interviewee reports committing crime	11
Interviewee reports stealing from parent(s) or caregiver(s)	12
Interviewee's basic needs are not met/there is a lack of basic safety	13
Interviewee's own child/children have been taken into care	14
Interviewee's own child/children are left with other parent	15
Interviewee has no contact with own child/children	16

Explanations for drug use

Is an attempt not to think about one's situation	17
Helps interviewee promote or block out a particular affective state	18
Means of getting comfort	19
Boredom	20
Enjoy sensation	21
Peer pressure/'to fit in'	22

Intrapsychic factors common across case study data

Psychic dominance by bad/bullying/cruel/depriving, even psychotic object

Interviewee experiences a father/father figure whose paternal function is severely compromised	23
A prominent internal object is bad/bullying/cruel/depriving/psychotic	24
There is an identification with/addiction to dominant bad object	25
There is a terror of becoming like/being completely controlled by dominant bad object	26
There is a lack of good objects on which to rely	27
Dominant object does not permit expressions of need for love/comfort or expressions of vulnerability	28
Dominant internal object demands interviewee prove strength despite pain/distress involved	29
Interviewee dismisses/disallows own emotional distress	30
Interviewee is scathing of own need for drug (which is felt to provide comfort/support/help)	31
Interviewee considers traumatic experiences have strengthened character	32
Interviewee's experience of parental relationship is of an unstable, pathological or bizarre coupling	33

Access to good/helpful objects is restricted

Interviewee has experienced catastrophic early object loss	34
Dominant object inhibits access to healthier objects	35
Loving/helpful objects are demeaned/attacked, either by interviewee or by interviewee's dominant objects	36
Interviewee conveys ambivalence concerning physical affection	37
Interviewee denies need for love/help/comfort	38
Interviewee cannot recall being ill/felt illness was not permitted	39
Interviewee's primary/maternal object is experienced as weak, passive or ill	40
Interviewee's primary/maternal object fails to protect	41
Interviewee feels starved of love/affection	42
There is no sense of a robust, productive parental relationship	43

Unconscious motivations for drug use

Drug use strengthens internal reign of a bad object, and indicates an addiction to this object	44
Drug use reinforces the denial of particular aspects of the personality, frequently loving or needy aspects	45
Drug use is linked to separation from good objects, and is in some circumstances linked to catastrophic object loss	46

APPENDIX VI: 'CHRIS' CODED TRANSCRIPT OF ADULT ATTACHMENT INTERVIEW

CE: Before we begin, could you tell me something about your childhood family? So for example where you were born, who was in your family, where you lived, what your parents did for a living, if you moved around, just things like that. Just so I know something about you before we start.

C: I was born in a caravan...erm...mum and dad had just come out of the army. Erm...dad was an alcoholic, erm...my mum drunk a lot but didn't admit to it. She never drunk in front of me but I knew it was happening (2). Growing up was just more about being hit than anything else (5, 13). My dad would come in drunk and start leathering my mum (8, 33, 36, 40, 43) and er....that was it really, it was just like...I associated alcohol with beatings and.....that was all....But I saw me mum drinking even though I knew me dad'd come in drunk...I knew my mum was drinking as well, and I didn't understand why if drink made him hit her, why did she drink as well, 'cause she didn't hit me. I didn't understand that. And so from the earliest that I can remember it was just drink in my family, it was just always something to do with drink. It was always "lets go for a pub lunch", "lets go to the pub, put him in the games room", d'you know what I mean? It was always, everything had to do with drink. Friends would come round to theirs to drink, you know, it was...everything I remember as a kid up until I went into care it was just drink. I don't remember having a meal where there wasn't drink involved or going out where there wasn't drink involved. If we went to the fair we'd go to pub first, if we went...you know, everything had drink involved. And so I just learnt that drink was.....you know, the norm, I thought that was...you know, what drink was. I didn't even know my name until I was like...12, I was X's son. I thought my name was X's son, 'cause that was my dad, X, and 'cause I went to pubs all the time "oh that's X's son", I always thought my name was X, or X's son. And er...it was just drink....my old man gave me my first drink when I was 8. It was like 'he'are, get that down you, you're always grabbing my beer...take that' (23). It was weird.

CE: Did you have any brothers or sisters?

C: No....no.....

CE: And you stayed in one place...?

C: No, we moved....every...every time he owed too much money to a pub basically...or every time he got himself in debt somewhere, with bookies or...whatever, we just pitched the caravan up and moved, so....I weren't a traveler or a gypsy, it was just we lived in a mobile home, on a mobile home site and er....It used to cost him more just to move than it did to pay the debt, he would rather just move somewhere and start over, and get more drinks for free...I don't understand why he did it, but he did it. I still don't today, but....

CE: And then you went into care when you were how old?

C: Er...my mum stabbed me when I was 10 (5). She stabbed me with a potato peeler. I was in the kitchen one morning, and she come in from work, she worked nights at X

hospital....and er....we'd just moved into the first council house, X road in south London, X estate. She started working at X hospital in the telephony room. She was working nights and my dad was working days and er...I come in the kitchen one morning, she'd just come in from work, she said "you are going to school", I said "I'm not", she said "you fucking are", I said "I'm not". I said "I don't like school". She picked up the knife I said "what you gonna do with that?!" She said "I'll stab you if you don't go to school", I said "go on then, you haven't got the fucking guts", and she did [laughs weakly]. She stabbed me right in my arm, I've still got the scar to prove it. And er...I went to school and one of my mates said "his mum's just stabbed him!" Ten minutes later I was in care (3), that was it. I was gone.....(27)

CE: Did you know your grandparents when you were a child?

C: Saw them five times in my life. They were pretty stuck up. They didn't like who my dad had married. My mum and dad's'...my mum's mum and dad had died, I think my granddad died when I was like six weeks old and my nan, on her side, died when I was like three or something. But my dad's mum and dad were alive 'til I was like 14 or 15 or something but I saw them like five times, didn't see them much. I only saw them once every like two years or something.....they used to send me a pound for my birthday present but...they weren't interested really.

CE: Were there any other people that you were close to when you were young, other adults?

C: Nah, when my mum and dad separated I had more uncles than I care to remember so....each one of them beat me in different ways (5, 13).....I don't know....

CE: They were people who were supposed to be caring for you?

C: Mmm, they'd take their frustrations out on me (6). 'Cause my mum was always working nights all the time and so I was always left in...you know...in people's hands that didn't know how to bring up kids, they didn't know, have kids and.....

CE: So this was before you went into care?

C: Yeah. 'Cause my dad left when I was about...eight or nine I think. I think they separated when I was about eight or nine (43). He met someone where he was working and er....he moved in with X. She had two kids, Y and Z. And er...I carried on living with my mum for a while, and then she...ended up pissing off so I ended up moving in with him and her and the two kids and er....when she [mother] come back she decided she wanted me back, I went to move back in for her, and that's just when she stabbed me, about 6, 7 months after she moved, I moved back in with her, she stabbed me. I ended up in care. My dad couldn't take me 'cause the woman he was with, X, she died of cancer about two years after I went into care. She had a mastectomy is it? She had all that and er...like I say, she had two kids already and my dad couldn't bring them up like...'cause he was a drunk really (23). I don't know why she ended up with him, but they moved back to their grandparents when she

died, my dad lived in the house on his own. And er...when I went into care the social workers and that were like "look, d'you want him back 'cause he can't go back to his mum's", and he was like "no". He said "leave him there" (6), so.... Once I was in care it was the worst thing that ever happened to me. They say what makes you bad makes you tougher, it don't.... I got hurt bad.

CE: Can you tell me what your earliest memory is?

C: A red space hopper, in the garden of the caravan. My dad in the shed, and my mum doing the pruning of the roses...and me hopping around on a space hopper.

CE: Does anything particular happen in the memory?

C: No. Just...that's the only thing I remember being a kid. I blocked most of it out.

CE: Is it a happy memory?

C: Mmm, yeah, it's when he was there for once, you know what I mean? He weren't there most of the time, and I think that affected me mum as well...like, 'cause he would go to work, 'cause we were living in X at the time in the caravan and he would drive to London and he wouldn't come back 'til 10, 11 'o clock at night, and so I'd never see him (2). And I still remember hopping around on the space hopper in the garden and he was there for once, it was on a Sunday. And that's just what I can remember.....

CE: Okay. Could you describe your relationship with your mother, as far back as you can remember?

C: Good. It was always good 'cause it was just us. Just us against the world. My mum had every job imaginable, every job, she was an ice cream van driver, she was a taxi driver, she was a telephonist, a cook, tea maker....anything she could do just to make ends meet. She never went on the dole or nothing, she always worked. From as early as I can remember she was always doing things. She was always tired but she'd still like...read me a story or do whatever she could. And I know when she stabbed me she didn't mean to do it, I think she was just at the end of her tether (40). She was just tired and fed up, and on her own (40). And I weren't no better, I was causing her havoc, I was bunking off school, drinking, doing...you know, what I could to thief or (11)...whatever I could do, so.....No, it was just...I never made her life easy put it that way.

CE: I wonder if you could try and choose up to five words to describe your relationship with your mother.

C: Loving, special, friend.....um.....caring.....generous.....special.....

CE: Are these words that describe your mother, or the relationship?

C: The relationship.

CE: Okay. So you said loving, or caring. I'll put those two together as they are very similar.

C: Yeah.

CE: Special, it was a friendly relationship, and a generous relationship.

C: Yeah.

CE: Okay. So I'm going to take each of those one by one. You said the relationship with your mum was loving or caring. Could you tell me about a specific occasion when the relationship was like that? As early as you can remember.

C: Picking me up when I fell off a wall. And just holding me until I stopped crying. 'Cause there was three of us fell off a wall, me and two other friends, and none of their mothers come and grabbed them. My mum come and grabbed me, picked me up, kissed it all better and hugged me until I stopped crying. [Place], 1978.

CE: What age would you have been then?

C: Seven. Yeah. I was the only one that was picked up.....[very pleased with self].

CE: And then you said that the relationship with your mum was special. Can you think of another example to illustrate that, again, as early as you can?

C: ...Yeah she was just...you know all the kids used to come out of school and wanna come up to my mum...you know 'cause she was just her, she was so bubbly and vibrant and....she was only four foot or five foot nothing I think she was, she was 18 stone, she was big bosomed, you know, she was a big girl, but she had so much joy. Like she smiled all the time....And she was just so....she was just my mum. Her name was X as well, X, and she was, she had rosy cheeks...she was such a...such a cool woman. I miss her. I miss her so much.

- CE: Is there one particular time that stands out in your mind that you think shows how special your relationship with her was?
- C: [Laughs] Yeah...I got locked up in Spain when I was 16. My mum forged my passport so I could go on holiday with my mates on a Club 18-30. I went out there, and a friend of mine got in trouble, so...we ended up all going to his aid and er...we all got nicked and thrown in jail. But my mum was there six hours later. No-one else's, only mine. She come to rescue me. And er...she listened to what I said on the phone and she believed every word I said. And I was, I was telling the truth, and she came on a plane, two hours later, and was there four hours later, so six hours later...at the court door. That's how good my mum was. My mum wouldn't leave me in trouble at all...she was brilliant.
- CE: You said that the relationship was a friendly relationship.
- C: Yeah, it was.
- CE: Can you think of an early example of that, to show that?
- C: What d'you mean, what as in...Well yeah, I used to take my mum like, if we went on holiday, I would get my mum up dancing and stuff, rather than go and pick someone else. I would love my mum to come on holiday with us, you know what I mean? Even when I got older and got married I'd still say to my wife 'I want my mum to come on holiday'. It's like...you know, most blokes don't want their mum to come, but I used to love my mum coming, she was like...she was cool, she was just...I dunno how you can put it into words but like...if I had a problem, I'd ring my mum. If I needed to speak to someone, instead of speaking to my mates at work I'd speak to her. It was like...I dunno, I found it easier to speak to her, it was like.....I dunno.....it's er.....she was more one of the lads than she was like a mum. She weren't...I dunno if that had anything to do with when she stabbed me, and she wanted to be my friend after that or what but...from that day it was always more of...she was my mate. She was always there for me, whatever I asked she was always there for me. Erm.....
- CE: You said that the relationship with her was a generous one. Can you think of an example, of when the relationship was generous?
- C: What as in money or....
- CE: Well what did you mean when you said generous?
- C: Money. Like she'd give me her last pound. Her last pound. Didn't matter if she didn't have enough for food, she'd give me it...whatever I needed....

CE: Can you think of one specific time?

C: Yeah. I wanted a pair of the latest trainers, and no one in the class had got them, they were like 30 odd quid and I'm talking about like 1980...whatever it was...and you know it was like two weeks wages or something. And my mum got them for me, because I wanted them. And I weren't the easiest kid to get along with, d'you know what I mean, and yet my mum scrimped and saved and made sure I had them. I was a very spoilt little kid, d'you know what I mean 'cause she was that way inclined. She loved me to have what I had, she loved to be able to walk next to me and I was like 'look I got these', or 'I got this new coat' or...you know whether that was buying my love or not I don't know but...my dad didn't do nothing for me that way so I think she had like.....two people to...I dunno, pay for or...I don't know how you put it but.....

CE: Could you do the same now with your father, first of all just describe the relationship with him?

C: Not good.....

CE: Not good.

C: No. Beatings.....that's all I ever got (23, 24). Never liked him from the minute I can remember.....All I ever saw was him beat my mum (36), and when she couldn't take it any more he used to beat me. He's the first person that broke my nose, first person that broke my jaw, first person that broke bones in my body (5, 23, 24).....Can't stand the bloke.....

CE: Could you choose up to five words to describe the relationship with him?

C: I hate him. I hate him with a passion (9). Nothing I can horrible violent drunk.....and nasty.....

CE: Okay. You said the relationship was horrible or nasty, with your father. Can you think about a specific occasion when the relationship was like that, as early as you can remember?

C: Mmm. I woke up about 8 o'clock at night, my mum had read me a story, everything was fine, and I heard whimpering. And I opened my bedroom door and my mum was laying by the bathroom.....blood coming from her eyes, just been beaten senseless (8, 13, 36, 40). And he's sitting in the lounge drinking whisky laughing. I hate him Christine. I still do today, I hate him with a passion. I haven't spoken to him for 4 years, I can't stand the guy.....

- CE: What age would you have been, when you remember your mum being beaten like that?
- C: Five, six.....And he never ever changed.....
- CE: And you said the relationship between you was a violent one. Can you think of a specific occasion when it was violent, an early memory?
- C: Yeah, 10 pound. He reckoned 10 pound went missing out of his wallet and it didn't, he gave my mum 10 quid to get some housekeeping or something, and he came in from work, he reckoned I'd nicked his money, he came upstairs, took my trousers down and he beat me with a leather belt. I had welts that you wouldn't even imagine. And I remember him saying 'this is gonna hurt me more than its gonna hurt you'. And when I couldn't cry any harder than I was, I remember my mum coming to the door saying 'that's enough', and he says 'I'll tell you when it's enough'.....And then, when he found out that it wasn't me that nicked it, he went 'well it could have been' (5, 6).....That's all he said.....
- CE: So to which parent did you feel closest to as a child?
- C: Who d'you think? My mum. They say the good get taken early, whatever it is, and it's true.
- CE: Why do you think you felt closer to your mum?
- C: She was just everything I thought a parent should be. Caring, loving, I knew she didn't stab me because she wanted to stab me, I knew she was just...she didn't even stab, it was just....just something she did, you know. She was at the end of her tether...she was just fed up.....[despairing]
- CE: Why isn't there that feeling with your dad?
- C: 'Cause he never made any effort with me at all. Sometimes I used to sit there thinking whether I was his, or whether he hated me that much because I wasn't, you know? Wonder if my mum got pregnant by somebody else or something, and that that was the reason that he hated me so much....'Cause there's no way I could have treated my kids like that, none. I don't understand how anyone could have treated their kids like that. He was just vile, he's horrible, and I don't understand anyone that can treat their kids like that. They can't...there can't be that bond, and I used to think that all the time. I used to think maybe I'm not his, maybe that's why he hates me so much, maybe my mum got pregnant by someone else.

- CE: The next set of questions is about common experiences that children have. What happened when you went to bed as a child?
- C:Up until I was in care, things were normal. Go to bed, get read a story by my mum....everything was fine.....
- CE: Can you remember one particular time when you were in bed?
- C: Yeah, reading the end of Black Beauty. We was reading the book at school, and it must have been going on for two or three months, and we had to stop for some reason, from reading the end of it. And I kept saying every time I was going to bed "are we gonna finish the book, are we gonna finish the book?" [laughing] and she'd be like "no we can't, we haven't got the book", and we only had about 10 pages left to go, and I was like "where's the book gone?" She said "your dad threw it out". And it took her about 5 or 6 weeks to get this book back, and we got it, and we read the end of it, [laughing] it was good, it was good. But that's what my mum used to do, my mum used to just be normal.
- CE: What age would you have been then?
- C: About eight, nine, something like that. She always made an effort, you know? Just to make me feel better.....
- CE: When you were distressed as a child, what did you do?
- C: Er.....went inside myself. Just like I do now.....er...bottle things up. I don't like bringing things out in the open, I just.....I'm usually quite a happy person but sometimes I just clam up.....(30)
- CE: Can you remember one particular time being distressed as a child?
- C:Yeah, my mum going to...up North when her mum died. I must had been about five I think, and I was left with my dad and I knew I didn't wanna be left with my dad, and that freaked me out. I went and hid actually. I went and hid under the stairs to the caravan and I wouldn't come out. I stayed in there all night actually, 'cause I didn't wanna be with him....(13) My mum had to go obviously, but I didn't wanna be in the caravan with him.
- CE: What happened when you were ill as a child?
- C: I never got ill. Never had mumps, never had chicken pox, never had none of it. I remember being on the sofa a couple of times watching telly when, like I was kept

off school or something, chicken soup and all that, but that weren't for, I didn't have much illness as a kid.....Er....like a 24 hour bug, or like a cold or something...but no, usually it was like 'you're going to school' kind of thing. Yeah, never really was ill. Still don't get ill (39).

CE: How about when you were hurt physically, what would you do?

C: Cry. Curl up under my bed and cry.

CE: Can you remember one particular time?

C: Yeah. [Laughs cynically] Every weekend. Every Sunday, my dad beating me senseless before the pub opened. If my mum hadn't done his breakfast or his dinner right or...anything.....I used to hide under my bed.....(23, 24)

CE: If you were upset emotionally, what would you do?

C: What d'you mean?

CE: If you felt upset, down, or..

C: ..Nothing, just bottle things up (30). Never spoke to anybody about it. You didn't have counsellors in them days, you just had to put up with it (28). Didn't have very many close friends or anything like that, 'cause we moved about so much so.....

CE: If you needed comfort, what would you do, as a child?

C: Give my mum a cuddle, I suppose.....

CE: Can you remember one particular time when she cuddled you, and what that felt like?

C:Not really, just...she used to cuddle me all the time like when she come in from work. Like, 'cause she'd come in from work to me like getting up, getting ready for school, she'd always 'come here, give your mum a cuddle', and I'd er...put my arms round her big neck....[smiling]...yeah...

CE: Can you remember one particular time wanting or needing comfort from her?

C: What, and not getting it?

- C: Yeah. When my dad beat me senseless one day. He threw me down the porch steps because he found out I'd been getting yogurts off the milkman. I'd been getting up early in the mornings to go to school, and the milkman would come round, and I'd been asking the milkman for yoghurts saying that my mum had said it was alright. My dad went to pay the bill and the milkman told him the amount and he went mental...and he absolutely leathered me. Me mum come home from work, and she said things would be alright.
- CE: What age would you have been then?
- C: Young. About eight.....Is it alright if I have a quick cigarette? It's just.....
- CE: Sure.
- CE: Okay to go on?
- C: Yeah.
- CE: Okay. Can you tell me about the first time you remember being separated from your parents?
- C: Yeah, I got lost in a place called [shopping centre]. I must have been about.....six or seven....and there was a big wooden horse at X. I dunno if it's still there today, but there was a big wooden horse at X, a wooden cow and a wooden pig, like on the second level. And I was playing on it, and my mum and dad was shopping and er.....thought I was lost....
- CE: How did you respond to being separated from them?
- C: I freaked out. Absolutely freaked out. I ended up finding someone that went and put my name over the tannoy. And yet again my mum turned up, she found me. I got slapped for that as well. For making my dad embarrassed.
- CE: How did your mum respond, how do you think she felt?
- C: Big cuddle. Happy to find me.....Yeah.....
- CE: When you were young, did you ever feel rejected by your parents - even though they might not have meant it or have been aware of it?

- C: No, not really.....I just...I didn't feel loved by my dad. Like I said to you before, I think it was like I didn't feel as if I was his. I didn't feel...I dunno, I never ever felt rejected I suppose, but then I didn't think about it...maybe I did
- CE: Why do you think your dad did the things he did that may have led you to feel rejected?
- C: Like I said, I don't know if I was his. I still to this day don't know. Because there has been family members that has said that my mum was stationed in Italy when my dad was stationed in Hong Kong. And he didn't arrive until the January and I was born in the September. So....touch and go kind of thing. And everyone like...growing up, said I had olive skin and you know...my dad's dead pasty white and...dunno.....
- CE: Do you think your dad realised you felt rejected?
- C: Yeah.....
- CE: What makes you feel sure he knew?
- C: I think he made sure I felt it (6, 23, 24). I think he enjoyed making me feel like that. 'Cause however hard I tried it was never good enough for him. I was always trying to make him proud or make him happy. I'd play rugby for him or...I never wanted to play rugby, but because he loved rugby I did rugby. Because he loved boxing I did boxing because...you know...I just did everything to try and please him and nothing was ever good enough.
- CE: Can you think of a time when your parents were angry with you, and what happened?
- C: First time I stole (11).....water pistol or something, a pump up rocket. And they found it in my bedroom.
- CE: And how did they react?
- C: Same as usual.....He beat me, and she shouted. Her shouting started him off (41).
- CE: Can you think of a time when you were angry with your parents?
- C: No, not really.....Apart from when my mum stabbed me, I was angry then.

- CE: And what happened then, when you felt angry?
- C: Don't know.....just wanted to....it to go away kind of thing, I didn't want it to be real kind of thing (30). I wanted it to be a dream, but it wasn't. I'm still angry about it now I suppose, 'cause if that hadn't have happened, then my life wouldn't have turned out the way it did.....
- CE: Did your parents ever threaten you, for example, for discipline or even as a joke?
- C: Yeah, "wait til your father gets in". That was always...that was always said to make me behave....(40)
- CE: Did your parents ever threaten to leave you?
- C: No.
- CE: Do you have any memories of frightening punishment or abuse?
- C: [Just looked at me, as if to say "what do you think?"]
- CE: Did you ever feel very frightened or not sure that you were safe?
- C:Sometimes.....yeah, sometimes.....(13)
- CE: Under what sort of circumstances?
- C: If I knew I'd done something wrong and my mum had said "stay upstairs until your dad comes home", then I knew I was gonna get it (41). And no matter how much I used to plead with her or anything.....I knew it was gonna happen. So eventually I used to you know, stop worrying about it. I just knew. If I bunked off school, so what? I'd get hit. 'Cause eventually after you've been hit so many times it doesn't bother you anymore....You know it's gonna happen, so what? 10 minutes late I'd be alright. So after so many beatings it don't hurt anymore (30).
- CE: Do you worry about anything like that happening again?
- C: No.
- CE: When you were young did you experience the loss of someone close to you?

C: No.

CE: How about as an adult, have you lost anyone close to you as an adult?

C: Yeah, me mum.

CE: Could you tell me the circumstances and how old you were?

C: 12 years ago. She died at ten past six in the morning. She was a bronchial asthmatic. I phoned her every Thursday from when I was 17, 18, and this Thursday morning I didn't phone her. Phoned Friday morning, spoke to her husband, and he said she'd died Thursday morning.

CE: So you weren't there.

C: No.

CE: Did you go to the funeral?

C: Yeah.

CE: What was that like?

C: The hardest thing I've ever done.....I still don't think I've grieved properly over it. I still go to phone her number sometimes and...even after 12 years.

CE: How did you respond at the time to her death?

C: Just started drinking and taking drugs. Even worse than I was.....for about three, four months. Died a couple of times, taking overdoses and stuff. And I had a family as well but....it didn't mean shit to me at the time. I'd lost her and...and that was it (46).

CE: Are you were just...about 25?

C: Yeah....yeah. I'd been married four years, my daughter was three.....Just got her one morning...we'd even moved up to be near her, and I rang up one morning and she was gone.

- CE: You didn't you have any warning the death would occur, she hadn't been ill?
- C: No, no...just gone. And I didn't ring up that Thursday and that's sometimes....I know it wasn't my fault, but sometimes I feel like that.....
- CE: Have your feelings about her death changed much over time?
- C: No. Still the same.....
- CE: How did it affect other members of your family?
- C: My dad come to the funeral but...he didn't show no emotion. Hit my wife quite hard. She was good mates with her. I think my daughter was too young to really know what was going on.....But erm.....that's about it, hit me and my wife quite hard, hit my wife really badly 'cause she didn't have much contact with her mum, and like my mum took on that kind of mantle, and so it hit my wife quite hard.....
- CE: Does this loss, having lost your mum, affect your approach to your own child, you have just one child?
- C: Yeah. Yeah 'cause...four years ago my mum found out about the drugs and erm...we split up. And erm...for two years after that I just lost the plot, went really bad doing the heroin and...everything I could get my hands on. I didn't see my daughter for two and a half years (15). And er...about a year ago I decided that I'd had enough, and that I'd start sorting myself out. Got in touch with my daughter, but she said things were too late and stuff like that, I mean she's 16 next week. We've started talking again but...it's really strained at the moment, it's like...I know her mum has told her all sorts of stuff and....well....until she sees me again and starts er...realising what I went through, then she's gonna be angry. I can understand that. Her mum didn't make it very easy for me so.....
- CE: Do you worry about other people dying? Under what sort of conditions?
- C: Nah. I don't worry about death. Death's inevitable. Death happens. Don't know whether we come back or not but...I hope not, 'cause I've had enough of this one. This one's been pretty hard.
- CE: Looking back on it now, do you think your parents loved you?
- C: My mum, definitely.
- CE: Your dad?

C: Still not sure.....

CE: Taken as a whole, how do you think your childhood experiences have affected your adult personality?

C: ...What do I think my childhood had any bearing on it? Yeah, huge.

CE: In what way?

C: I can't believe I'd be the way I was if I'd have had a normal childhood.....I wasn't dumb or anything, you know? I could have got somewhere in life, but I didn't have the chance (27). I know people say 'oh you could have made something of yourself' and all this but....I think you have to go through what I went through to understand it.

CE: So are there any aspects of your childhood that you think were a setback or hindered your development?

C: Yeah. Yeah, definitely.

CE: Anything in particular?

C: Being abused....

CE: By your father?

C: Mmm.....

CE: Why do you think that your parents acted as they did, during your childhood?

C: I think it might have had something to do with the drink.....

CE: Did your relationship change with them as you got older?

C: Yeah. Definitely.

CE: In what way?

C: I began to not have to speak to my dad anymore. I didn't have to be around him. As I got older I just...chose my own way and...the less I saw of him the better, kind of thing.

CE: How about with your mum?

C: I dunno.....as I got older I didn't see her...it wasn't every day, it was just now and then, and so it was a lot nicer.....

CE: How is your relationship with your dad now?

C: It's non-existent.

CE: How do you think your childhood relationship with your parents or your other early experiences prepared you for love relationships?

C: Dunno.....it showed me not to act like my dad did, 'cause I couldn't understand how my mum stayed around for that long. I dunno, it just...it made me wanna love them all the more, and show them that I wasn't like him.....

CE: Thinking about your life now, do you have a partner?

C: Yeah.

CE: And how do you feel when you separate from her?

C:[Laughs] Not too clever. I don't like being away from her but...it nearly happened, if I hadn't given up the drugs, if I hadn't of er.....stopped heroin it would have finished pretty quick.....

CE: Thinking over all that you have told me, what do you think you have learned from your experience as a child?

C:The hard way.....Most kids get the easy way, I get the hard way. I don't know whether we're picked to have,..some people have the rough way in life and some people have it easy, but I suppose it all balances out at the end doesn't it?

CE: Now that you are an adult, are there any things that you wanted to do with your children that were similar to what your parents did with you?

C: No, never...I'd never hit my kid. Never threaten my kid, never told them they weren't good enough, nothing.

CE: You did everything differently.

C: Yeah, everything. And I made sure of it as well. I spent every minute I got off work with them and I just...I made sure I did everything different from my dad. Maybe some things I did wrong or maybe I didn't, I don't know. But I made sure what my dad did to me just didn't repeat itself.....

CE: Okay. I've been asking about your relationships with your parents, as a child and up to now. Is there anything else you want to add that you think is important to understand the adult you have become?

C: That I wouldn't be like this if I was in a two parent loving relationship. I don't think.

CE: Okay. Just finally then, can you tell me something about your drug use?

C: I take it to forget about things.....I take drugs to....stop the nightmares...well, feelings that I have all the time. It gets me out of this world and into a different one. One where there's no beatings, where there's no...horrible things.

CE: Why do you think your drug use became so problematic?

- C: Because of the problems that I had. Because of wanting to escape all the time. I just didn't want to be here. And the further I got away, the better it was, you know, forgetting everything today meant I didn't have to think about it. I knew I'd have to think about it tomorrow, but if I did drugs tomorrow I wouldn't have to think about it then either, so I took it more and more and more. Until eventually I didn't have any cares in the world. I didn't know what was going on.....
- CE: Do you relate any of the things we have talked about today, about your family and early life, to the fact that you use drugs?
- C: Yeah. Everything. Everything had a bearing on it. I wouldn't have done drugs if I didn't have such a bad childhood. And I know other people have a bad childhood and they don't take drugs, but most of them either drink or....self harm or...they do something to get an escapism because they don't wanna be where they are. And so everybody does something to hide. Or to escape.....
- CE: Just finally then, is there anything else about your drug use that you think is significant, or that you would like me to know?
- C: I wish I'd never touched it in the first place. It's the hardest thing to get off. Harder than stopping anything, 'cause once you're addicted to something you're addicted to it, and however much I don't wanna be on it anymore, it's not a case of not wanting to be on it. It's a case of I'm on it, and that's it. It's so hard to come off. I'm trying everything I can...every bit of will power I've got, and sometimes it's not strong enough. Some days the memories and the thoughts and the nightmares are too strong, and I have to forget again.....
- CE: Okay, we'll finish there. Thank you very much.

APPENDIX VII: 'CHRIS' REFLECTIVE FUNCTION CODING SHEET

INTERVIEWEE 9

Patient: PB B101108					
Rater: LUCA LODI					
Overall score: 3					
	PAGE	LINE	TYPE	RF	NOTE
1 Family situation			DESCRIPTIVE	NO RF	
2 Early memory				NO RF	Permit:
3 Five adjectives/mother				NO RF	Demand: 3,3,1,1,1,1,1,1+1,3,5,3.
4 Five adjectives/father				NO RF	
5 Closeness	6		BANAL	3	
6 Upset				NO RF	Comments:
7 Hurt				NO RF	ADD QUESTIONS:
8 Ill				NO RF	- P question (page 3), NO RF.
9 Separation				NO RF	- P question (page 5), NO RF.
10 Rejection	8-9		SUPERFICIAL	3	- P question (page 6), NO RF.
11 Threatening				NO RF	- P question (page 7), NO RF.
12 Abuse	9			ABSENT	- P question (page 7-8), NO RF.
13 Overall experience/a.p.	11		DISAV EXPL-GENERALIZATIONS	1	- P question (page 9), NO RF.
14 Setback	12		DISAV EXPL-AVOID SPECIFICITY	1	- P question (page 9), NO RF.
15 Why parents behaviour	12		DISAV EXPL-AVOID SPECIFICITY	1	- P question (page 9), NO RF.
16 Other adults	✓			ABSENT	- P question (page 9), NO RF.
17 Loss a)	10-11		DISAV EXPL-GENERALIZATIONS	1	- P question (page 9), NO RF.
b)					- P question (page 10), NO RF.
c)					- P question (page 10), NO RF.
d)					- P question (page 10), NO RF.
e)					- P question (page 10), NO RF.
f)					- P question (page 10), NO RF.
18 Changes	12		DISAV EXPL-PHYSICAL DOMAIN	1	- P question (page 10), NO RF.
19 Current Relationship/parents	12		DISAV EXPL-AVOID SPECIFICITY	1	- P question (page 10), NO RF.
20 Separation child	✓			ABSENT	- P question (page 10), NO RF.
21 Three wishes	✓			ABSENT	- P question (page 10), NO RF.
22 Learning childhood exp.				NO RF	- P question (page 10), NO RF.
23 Child learning being parented	✓			ABSENT	- P question (page 10), NO RF.

THE INTERVIEW IS CHARACTERISED BY CONCRETENESS, BANAL AND SUPERFICIAL EXPLANATIONS. QUESTIONABLE OR LOW RF - NAIVE/SIMPLISTIC (3A)

APPENDIX VIII: 'CHRIS' CODED TRANSCRIPT OF INTERVIEW 2

- CE: I wanted to start just by asking what your experience was of the last interview and what came up...
- C: I was very nervous, when I first came. Er...I didn't know how I was gonna feel or what I was gonna feel 'cause raking up the past to me wasn't something I wanted to do. Um...and then when P [drugs worker] said that she thought I was now, you know, ready to start to talk, erm...yeah...I was very apprehensive. But when I left it felt like...I dunno, not a weight had been lifted off but that I'd opened up some...very very deep thoughts that I never thought I'd think about, at the time...that I didn't want to think about. But now that I've started thinking about them, it ain't half made me feel a bit different.
- CE: How different?
- C: Well, in the last two weeks all I've been doing is talking about things. Um....and it's weird. Like whereas before like A would speak to me about something and I'd like given her what she wanted to hear and that was it, I wouldn't say any more, but now, I'm offering information where it was...before like, never. And even people like A, this is how I found out that A was at [same care home as P], 'cause I'd never speak to my friends about this, never, erm....and we were sitting there one night just having a beer and I just started talking, and that's how I found out he was at [care home], 'cause I started talking about things and he was like "are you alright?" And I was like 'I dunno', I said 'it's a bit weird, I feel like actually talking'. Not talking like for the sake of talking, just, I felt like talking.
- CE: Telling somebody about your life and yourself.
- C: Yeah. And it was weird, 'cause I've never ever wanted to do that, in 32 years I've never ever, well, no sorry 27 years, I've never wanted to speak about what I've been through, since the age of 10 I've just kept everything to myself (30). And it was weird, after I left here I just felt....you know.....
- CE: You said you were very apprehensive,
- C: Yeah, I didn't know if I wanted to come. Erm...even when A said you get 20 quid for going and all that, yeah fine the money is good 'cause I live on the street but it was still like I didn't know what was gonna be unlocked. I didn't know, you know I didn't know what I was gonna start talking about it.
- CE: You didn't know if you could cope with it really.
- C: No. I mean at first I thought it was gonna be about drugs, and then when you started like talking about other things, it kind of like took me like back a bit, it was like hang on a minute, you know, I dunno if I wanna talk about this but...
- CE: But you did, you were sort of aware that it wasn't just...

- C: Yeah, no, I knew it wasn't gonna just be drugs but I didn't know it...I didn't know that it was gonna involve me like dealing with my feelings, kind of thing. I thought I was just gonna talk about drugs and like how I got onto drugs. I didn't know I was gonna start dealing with my own feelings which I started doing. And that was quite...that was quite hard to start with, but after a while it was, it was quite a relief. It was quite nice to actually, I suppose speak to somebody that I don't know, who's not judging me, who's not got kind of like an ulterior motive like why I'm speaking to them, you know. It's just like she's just listening. And it was, it was...after I started it was kind of nice to actually...when I said something it was like wow, I've never said that before, or I've never talked about that before.
- CE: I had to feeling that you were almost desperate to say some things,
- C: Yeah, relieved.
- CE: Because before we actually started the interview, before I'd asked you anything, you told me about something that had happened to you when you were in care [he said he had been raped], without any prompting, this dreadful thing that had happened to you, as if you really needed to tell somebody that.
- C: I've never said it....You know, and it's like...when you keep secrets for so long, it hurts, because they're the things that always make you turn round and go back to doing what you were doing. Because it takes like a sound or a smell or...anything can set it off, a piece of music um, a place, something on the TV, anything can set it off and then all of a sudden it's like oh my god, that was on the telly when this was happening or...that was the smell I smelt when...you know, and....when you've got it inside you all the time (24, 25) it's like...I dunno, I'd wanted to tell someone, but I couldn't tell anyone, because it was...like I say I'm a man, I'm not supposed to have had that happen to me, I'm not supposed to have feelings or erm...care about things, I'm a typical bloke I'm meant to be a bloke's bloke and...I dunno, telling my friends just weren't an option (30). Well, I call them friends they're drug buddies, but you know...telling people like that your deepest darkest secrets just doesn't work. You couldn't, you couldn't just sit and start talking, people would start laughing at you....Or that's what I thought anyway (24). But I found out different in the last few days. I found out that there's a lot of people out there that really do want to talk about things...and that haven't got anyone to talk to, like I didn't. And erm....like a couple of other people I've spoken to about this have been like 'what, you've got someone you can go and talk to?' I was like 'well, yeah...' And it was really good. It was weird, but it was good. I didn't...I didn't think it was gonna be as hard as it was. I thought oh, I'll just be able to say what I was gonna say and then leave. I didn't think about what was gonna happen after I left. I didn't for a minute think for a minute that I'd be walking down the street thinking oh my god....what have I just spoke about? You know, I didn't think for a minute that I'd even think about it, I thought oh that's it, I'll leave, go and have a beer and that'll be it. But I didn't.
- CE: It seems that that's what you are used to doing really, is wiping things out of your mind by drinking or using drugs.
- C: Yeah, yeah, straight away. Covering it up basically.
- CE: Because it's not okay to have feelings.

- C: No. No, not when you're me it's not (30).....I dunno.....I suppose it's, now I look at things, like I did for the last few days, I suppose that all the people that said you know, you should try doing it differently, probably were right, because my way obviously didn't work, but I thought it did.
- CE: Blocking things out you mean?
- C: Yeah. And it obviously didn't work. But to me it was the only way I knew how to deal with things, was if it got too much, take something....do something, drink something, you know. And now that I've had time to think about it, there's a lot of my life that has been erm...blocking things out, doing things to avoid ever talking about them, even as far as going from woman to woman, as soon as one woman finds out too much, I'll move on to the next one, which I didn't actually think that I did, until I started thinking about it when I left here, even just things like that.
- CE: What would they find out too much about?
- C: Well like...just like, women have this great way of like talking to someone but not talking to them about what they wanna talk about but about what they wanna hear about, but you'll think they're talking about something else. And then I'd find out that they'd know too much, and my feelings would start coming out, and then it's time to go on to someone else, just something stupid like that.
- CE: So it feels like a very dangerous situation where somebody knows what you feel about things.
- C: Yeah. I never wanted anyone to get close enough to hurt me (24), that was how I felt, because.....I was hurt so much that I thought that if I gave someone the ammunition and they knew that much about me, they would hurt me. And I suppose that's why, I dunno, I just move around and move, you know from different person to different place to different drugs to different drink to...just all my life has been about running away.
- CE: Do you think that that's related to your living on the streets now?
- C: Mmm. I don't want to cope with...normality or whatever it is, a normal life. I want it, I desperately desperately want it, but coping with it's the other...the other thing. 'Cause at the moment I've got no responsibilities, I've got no bills, I don't even know how to pay a bill, no I do, but...I tell myself I don't, you know, and I'd rather drink my money rather than pay a bill. But that's stupid, hang on a minute, you haven't got anywhere to live, you get this amount of money, you pay the bills, you got that amount of money left. Me, it's I get this amount of money, I drink all that, I sleep on the streets.
- CE: It reminds me of what you said about your dad, which was that rather than pay off his debt with a pub, he'd rather uproot you and move.
- C: Move to another pub, yeah.
- CE: So he would rather have a drink than pay a bill.

- C: Yeah. And I think that's been instilled into me, where....instead of staying somewhere and dealing with what I've got to deal with I just pick my bag up, cause that's all I have, and just move on. Kind of like a hobo (44). And it's...And I don't want that. I desperately wanted a family, a family life, a big family. I desperately wanted...you know, kids, where they have kids and I become a grandparent who has lots of family coming to see me (42), and the reality is I don't want that in case I let them down. And it's like...being on my own I can't hurt anyone, and I can't let them down and I can't give them false expectations and (26)....I've just got myself to blame, kind of thing, whereas even though now I know it isn't my fault, I still blame myself, because I could have changed things, I could have done things differently, but I didn't.
- CE: What would you have done differently in your life?
- C: Everything. Everything. I know....you know...to me I've had a shitty life but part of it is definitely down to me. If I didn't use drugs or drink then I wouldn't have the life I have, you know....I suppose if I'd have talked to my wife things would, might have been different, but it's all ifs and buts and...I dunno...
- CE: And you didn't talk to her, you used drugs, because it was so painful to do anything else.
- C: Yeah. I miss her like crazy. I miss her so much but that's....you know, that's just another thing in my life that hurts that much, that I'd rather get drunk and forget about, or get high and forget about. And it's....it just seems to me that all my life has been about pain, and anything I've tried to do has ended in pain. And so why do it anymore? Why not just get high and drunk and then there is no pain. But I don't want that....at the end of the day I really don't want that, 'cause I'm fed up with it, I'm fed up with being the only person that, you know, is getting into a sleeping bag outside the library at night time when everyone's going home to someone (27) or.....you know, got a normal life. It's just I don't even know what normal is anymore.....
- CE: When you were talking about your family life, or particularly your mother, you gave quite an idealised view of her really. To you she was somebody so wonderful, but you sort of recognised that your family life was not normal.
- C: I knew from an early age that my family life was not normal. I knew I wasn't the same as every other kid. I knew I didn't have what other kids had, even those kids that got, you know their parents divorced, they still had some stability, I didn't have any of that (13). From the earliest memories I have, you know my dad coming home drunk and hitting my mum (8) hitting me (5), I knew that other kids didn't have that. And so from the earliest memories I have, it was always...all my memories like that went back from an early age, and I was trying to think about this before, I don't have very many happy thoughts. And surely...you know kids aren't meant just to have horrible thoughts, there's gotta be a balance where, alright, you know, you might have a bit of a shitty childhood but there's gotta be some sort of decent bit in there. And I don't have any of that. I can't think of very many times where I actually had a decent time. And...to me it's not fair, I...all the time I wish I was somebody else, or I wish I was some other kid, or I wish I had different parents or, you know, the chance to have gone to school, the chance to have got a decent job. The chance to just be....you know, normal. I'm not thick, I could have done well at school, I could have

you know, been something, and it's not fair, why did it have to happen to me? That's what I don't understand, I don't understand why some people got decent way of life and others got shit. It's not fair.

CE: I think it throws some light on why you need to hold onto this image of your mum as somebody really incredible and wonderful.

C: She tried so hard....to give me some normal life...but you know, it was so hard for her (40). And I never realised how hard it was. 'Cause I didn't make it very easy for her, I was misbehaving from an early age.

CE: You think you were quite a difficult child for her.

C: Yeah, I do.....Mmm....I don't think I made her life any happier.....I just think that....she didn't deserve what she went through either.....Then again, she was lucky, she got out....that's what I feel.....I just feel that she gave up. And er....however many times I've felt it, I don't think I'd ever do it, however hard life is.....

CE: You don't think you'd ever give up...

C: No....one day it's gotta get better.

CE: What do you mean that she gave up?

C: I just think she gave up, I just think she couldn't take it any more.

CE: Gave up on life?

C: Mmm. I spoke to her two days before she died and she was fine. And the morning she died I think she honestly just gave up. I think she woke up having an asthma attack and instead of going for the pumps I think she just didn't go. That's what I feel, I think she just said enough's enough.....

CE: So even if she was okay the morning you did speak to her, a couple of days before she died, you think there were times for her where life just felt too unbearable.

C: Yeah, I do.....I do.....'cause she didn't have any family from an early age. Like, my nan died when I was...her mother died when I was like 5 or 6, er granddad, her dad died when I was like 3 weeks old, and she had no-one. She had my dad and that was it, and then when he pissed off, she had nothing except me, and him coming and beating her every weekend and me being naughty....And I think she just...ended up having enough, I really do, I think she just said what's life worth (40)? It's not worth all this....it's not worth all this pain, she was ill as well, she drank stupid amounts, she smoked 40 a day, I think she just thought why bother? Why carry on? I really do, 'cause when I spoke to her she was fine, and I can't see how someone can die two days later from...I knew she was ill, but I didn't think she was that ill, and I think part of it had to do with her just saying...enough's enough, let them get on with it, you know.....bit weird.

CE: But you're saying that for you, you can't imagine ever, despite how difficult things are for you, ever giving up in that same way.

- C: No, but then I don't think she did drugs. And drugs take away a lot of the pain....unless you've actually done drugs...
- CE: It sounds like you feel they saved you.
- C: Yeah, they did save me, if I didn't do drugs I don't think I'd be here today, 'cause I wouldn't have been able to deal with all the things that I dealt with. Well, 'cause I didn't deal with them.....Now I'm starting to deal with them it's getting a lot harder, a lot harder. But I know unless I deal with them I'm not gonna move on.....Erm.....Like I knew I'd feel like this today but.....I know that unless I do try and dunno, not deal with it, but try and own up to myself that I need help, then I'm never gonna, I'm never gonna move on, and I'm always gonna be stuck, not just in the past but the present as well. Because it's not getting any easier, you know I'm still doing the things that I was doing. And unless I change, or I change the things that have happened, it's not gonna stop.....And.....
- CE: Perhaps you're talking about trying to talk, because you can't change things that have happened, but in your mind if you can change the...the shape or feel of things that have happened, if you can talk about them so that they become less persecutory to you....
- C: Yeah, 'cause the pain's always there. Always. Some days I can go days without thinking about things, but then all of a sudden you know, it don't stop. And it's just....I dunno, it's just....it gets so much and so much that it gets actually unbearable....and that's when drugs come into it. You know, you put that needle in your arm and it's like wow, everything's gone, and you don't have any feelings. But not only don't you have any feelings, you don't have any cares (17, 18, 19). You don't have a care in the world, it's like....I dunno.....sometimes it's like I don't care how anybody else feels because nobody cared how I felt. It's like if you're upset well tough, deal with it....I have to deal with it...And that's....that's not me, I'm not that...I know I'm not that person inside. I know I'm caring and compassionate and.....you know.....different to my dad, but then sometimes I just feel oh my god, that's him, you know, stop crying you wimp, things like that, it's like I was never, I would never have put myself in that category, but then sometimes I think ooh, hang on a minute, you're just like him.....And that scares me (25, 26).
- CE: You become the person saying to yourself, or to other people 'you can't have feelings, you've got to block it all out, you're pathetic if you feel upset or...'
- C: Yeah, you are, yeah, and it's like 'just deal with it, just...' you know....'pull yourself together' kind of thing. And it's like, hang on a minute, no, I've got feelings, I want to have feelings.
- CE: But the drugs reinforce you not wanting to.
- C: Yeah. Yeah.
- CE: They take away that struggle really between do you have feelings, don't you have feelings. If you take drugs there's no question, you don't care either way.
- C: Mmm, no feelings either way, just everything disappears. I don't know, have you ever done drugs? No, I'm not saying that's a bad thing or a good thing, I'm just

saying it's something that...you kind of....you can understand what I'm saying, but you can't actually understand how you'd feel if...if you've got a problem, how do you deal with it? You talk about it don't you? 'Cause that's how you was brought up to deal with something. Well, how I was brought up to deal with it was....you don't...and so the only way I could get to being like that was...oh hang on a minute I've found this magic thing here, it's called drugs (25). You take it, and it stops all those feelings (18). And I was always taught not to have any (28), and so when I found this magic pill it was like, hang on a minute, if I take this every time I don't have to deal 'em. And then it became oh if I just take it all of the time, I'll never get the feelings, 'cause I took it all the time. Until one day you're taking it to forget you're taking it, not just to forget the feelings because you haven't had feelings for years. You're taking that magic pill to stop thinking about taking that magic pill. And then you don't even know what you're thinking about anymore. And it's days before you actually have a thought where...you even think what your own name is. And you can't keep going on like that, because....nobody actually knows who you are. I don't know who I am anymore. I'm so lost it's unreal. Like the caption I gave to the reporter, she said 'what have you been doing?' I said 'well, since I left my wife, I'm lost. The trouble is, I can't find myself' And it's true, I can't. I don't actually know who I am anymore, because I've taken stuff, and drunk stuff for so long, that I don't actually remember what I was like when I was sober, or straight....I remember people saying that I was quite a nice guy, but I don't know where that person is anymore. I don't know how to get back to that person.

CE: You didn't have a very strong hold on that nice person.

C: No, no. I don't actually remember him at all. The only person I remember is the person who's got no feelings, no thoughts, no cares, no...whatever....And surely that's wrong (25). Well, I think it's wrong, surely you should have, you know, some sort of....I used to say to my mates 'do I have worry lines on my forehead?' And they'd be like 'no', 'I'd be like 'that's because I don't give a fuck'. And I know that sounds horrible but it's true. I don't have worry lines because I didn't care, about anybody, or anything. I mean that is horrible to say, but it's true. I didn't care about anything, for so long (25). And any time I did have a feeling, I'd take more (44). It's like we were talking me and B [friend], were talking about crying the other day. I don't actually remember the last tear I shed. 25 years ago? I don't actually remember shedding a tear. And that's, that's not right. Surely all people, you know even if they're happy or sad or something happens in life, you know, surely you're meant to have feelings (26). And drugs just block it out, they just block everything. I mean I could take drugs before I came into here and not even know what I was talking to you about, and leave here and go 'oh well, that's that done'.

CE: But you didn't...

C: No, because I didn't want to. I wanted to feel...I wanted to know how I would feel, and it surprised me how I felt when I left here, it really did. And I went straight into P [drugs worker] and I was like 'I need that again....I need to speak to someone again'. 'Cause when I asked you if I was gonna see you again and you said no, I said to A straight away 'I need to do that again'. 'Cause I didn't think I was gonna see you again, and she said we'll sort it out. And then she said to me that you'd spoken to her and I was like oh great, you know at least I'll get to feel like that again, kind of....I liked that feeling...

- CE: Having feelings.
- C: Yeah, even though it hurt, it was nice, feeling hurt and confused and upset and sad and angry and...all those emotions in one day it felt, hang on a minute, look I've got feelings, all these different feelings are coming through, all these different emotions, all these, you know...worry....confusion, sadness, happiness. All these different things happened in one day. And it was weird, it was hard, and it's hard now, but it was nice. It was nice to know that I actually had the same things as everybody else, where for years I've had none. I've blocked everything out for years (30). But it was nice to know that I still had 'em, you know and I could still feel like a normal person.
- CE: Do you think for your mum and dad it was not safe to feel things, or to think things?
- C: What do you mean?
- CE: Well you were telling me that when you were a child and you would have feelings, you would be told that in your family you weren't allowed those.
- C: I think for my dad he came from a very...how can I put it...war baby, stiff upper lip, grandfather in the army...kind of like...you know my dad was born in '44 so I think he was born into that generation where they didn't hug, they didn't kiss, they didn't cuddle, they didn't....You know if you fell over you were picked up and that was it, you weren't given a hug. I think he was born into that generation, but I think his was extremely harsh. Um...my mum on the other hand was born into an alcoholic...my gran was an alcoholic, my grandfather died 3 weeks after I was born 'cause he was an alcoholic, so my mum came from that Scottish alcoholic family, so it was different for her, but my dad came from a very posh family and....ancestors before my grandfather had lost everything, and so they'd gone from being a rich family to having nothing. And I think that affected my dad's side. And so...I dunno, I suppose that he had his own feelings to deal with and his own demons, but...I don't believe that he should have put them onto me. And...like I said before I don't actually remember a single time my dad hugged me or...no, never.
- CE: You certainly didn't get any help from them in dealing with any feelings.
- C: No, no, none at all.
- CE: Or have an experience of somebody saying 'what do you feel?' or 'what do you think?'
- C: No, no, no, that was not, that wasn't what happened. No, we weren't allowed to express ourselves.
- CE: I wonder if that's why it feels such a great relief to be able to do that now with me.
- C:Mmm....it's, like I said before, it's weird....'cause I would never ever have thought of doing this. Never. I would never of even dreamt of trying to talk about my feelings before...to anybody (27). And that's why I lost my wife, you know. That makes me angry now, to think that something so simple like just talking, could have saved my marriage. That annoys me, that I didn't even, didn't even go down that route. You know, instead of doing that I just took more drugs. And that's, that

annoy...that doesn't just annoy me it hurts me, I didn't even have the idea to do this. But...I suppose what's gone has gone....

CE: I wonder what you imagined her response would be, if you talked to her, shared what was going on in your mind, all those 'bad thoughts' that you've referred to.

C: ...I don't know. I remember when we split up, she phoned me a couple of weeks later, I was on drugs...I remember she said that she would have cut her right arm off to be with me, she loved me that much. All I had to do was talk. And I didn't do it.....It's a shame. We'd have been married 17 years this year.....my daughter was 16 last week....and to know that I've ruined some of her life as well, because of my life, it's hurting. It's hurting me a lot, 'cause I've only just found her again on Facebook after 4 years (16). And....she wrote in it...I'd said 'I hope this is you I don't know if it is, please get in touch with me, I've been looking for you for years, if it is please let me know. Lots of love, your long lost dad.' And she wrote back saying 'Yes it's me. Are you still on drugs? If you are they've got to stop....um....I don't do lies'. And er....I haven't written back to that. All I wrote back was 'Happy birthday for last Sunday'. Because I'm scared. I'm scared of rejection, I'm scared of her not wanting to know me. I am so scared that that's gonna happen. I can't deal with any more rejection, I can't deal with any more.....of that in my life. And so not speaking to her is easier. And I know it's wrong (16).

CE: And not speaking to other people or forming really close relationships with people is perhaps another way of not getting rejected again.

C: Yeah. If I don't get close to someone, they can't hurt me. And that's what I've always felt. I've always felt that.....you know, the further I distance myself from someone the less they can hurt me. 'Cause everyone I've ever loved in my life has left, everybody (27, 46)....and it's like why should I bother anymore, why should I do anything that is gonna hurt me?

CE: Except your wife who you left.

C: I left her before she left me.....That's what I thought anyway....But I don't think she ever would have....now....But I just couldn't talk to her. I was a man, I'm not supposed to tell my wife that I was abused, that I was this, I was that, you know....she's my wife, she's someone that I care for...she's not the one that's meant to... you know...console me and comfort me (28, 38), it's the other way round. I'm meant to be the one that...you know, gives her a hug, you know. I just thought that if I told her stuff, she would use it, throw it in my face and stuff (24). And so that's why I never spoke to her. It hurts now, thinking back.

CE: Did you think you had to look after your mum in a similar way when you were growing up? I mean she had such a difficult time herself with your father I wonder if you just felt you couldn't share with her what you were going through because that would be giving her more to worry about.

C: I could never make her worry. Like I say, she had enough on her plate.....You know, my mum wasn't the strongest of people (40), she thought she was, but he used to just break her down, every time (36). He was nasty to her...and I could see her trying to cope with it, I could see her trying to put on a brave face, and so when I came home from school or whatever I was doing, I couldn't give her something else

to worry about. I couldn't tell her anything else.....It wasn't fair. And at the end of the day she had that bottle, and she would just open that and start drinking. And she'd forget everything...and so there wasn't actually anything to worry about, she had it all under control. Or that's what I thought anyway, but....I didn't understand how unhappy she was. I didn't understand how upset and sad and....I suppose lonely she was.

CE: Perhaps you realise that now because you feel those things yourself.

C: Yeah....yeah...I didn't ever think about.....but she was probably the only person I cared about, ever, apart from my wife. She, she is...yeah...all the girlfriends I've had, I never actually I suppose cared for any of them in the way that I cared for my mum. To me....she was the only person that tried making my life any better, and so...it was....it was hard when she went. And I think a piece of me gave up. A piece of me said well, this one person that loved me unconditionally has gone. Why should I bother anymore? But yet I'd already found someone that loved me unconditionally, but I didn't realise it. And it was just me waiting for that person to leave, same as my mum had done. My mum had gone, why isn't this woman gonna do it? You know....

CE: Your mum left when you were...well you went into care when you were 10, 11..

C: Yeah I was about 10 and a half, 11. I was thinking about this the other day actually. I might have got some of the dates wrong with you, but I think I was between 10 and 12 when I went into care the first time, St Mary's...well no I must have been 11 because I was at x school, which was a secondary school, when she stabbed me. And er...I was taken straight into care that day, so I must have been 11.

CE: Before that had you lived with your dad for a period?

C: Yeah, 'cause my mum went to America...I moved over there with her and then was sent back here. I lived with my dad. But then his wife, J, I don't actually think they were married, she died of cancer, and my mum came home from America and he sent me back to my mum. Even though I told him that I didn't wanna go, 'cause I had my schooling and everything, he was moving me again....And I went back to my mum, and she was with another fella called C, and I was just a pain. I never went to school, I bunked off all the time, started drinking, started misbehaving, getting in trouble with the law (11). So I didn't make it easy for her.

CE: Was that why you were sent home from America?

C: Yeah, I think so. I didn't fit in at the school there, I had a lot of fights with the kids and....I think a lot of my problems started very young, You know my dad had been beating me for years so I thought that I should beat every body else (10). And...it's unfair when you think like that...you know you think that well, this is the norm, this is what's meant to happen, and so you go out and do it. Even though it's not the norm, but that to you is it, that's...well, when you're angry you hit, you know.....Some of the things I did, I'm not proud of. I mean I was an absolute arsehole when I was a kid. But I didn't know any different. You know I suppose, dealing with the things I dealt with, I wasn't gonna feel any different. And that's why I used to say to myself 'god I wish I had a different mum and dad'. Or 'I wish I was born into a different family' or....but that's what makes the world go round isn't

it, different people, we couldn't all be the same. I just don't understand why it had to be me. That does still get to me, even today.

CE: Makes you angry even.

C: Yeah. And sad, and pissed off, why couldn't it have been someone else. But...I know for a fact not a lot of people would have been able to handle what I went through, not in a, not in a million years. People hang themselves for a lot less than what I went through. I must have been quite strong as a kid (32), 'cause there isn't many people that could have gone through what I went through, no.....Even people I have spoken to have been like 'I don't think I could have dealt with that'. But then again, I think you just deal with it because you have to.

CE: You said in the first interview that people use this expression that anything that makes you tougher or stronger is good. And you said that's rubbish.

C: It is.

CE: As if you were saying actually that you didn't think your experiences had made you a stronger person.

C: No they didn't. They made me weaker, much weaker. Because I began to not be able to deal with it. And if what makes...you know if it's meant to make you tougher then you don't take drugs do you, or you don't drink to hide from them. But the experience that I went through, you don't feel tougher, no way. People that say that haven't been through hardly anything, if they think oh that will make you tougher, 'cause it doesn't. It makes you a hell of a lot weaker, a hell of a lot more afraid of anything else that's gonna happen. And that's why you take drugs because you're not strong, you can't cope, you can't deal with things. Alright physically yeah, fine, I'll fight anybody or...I was always taught to stand up for myself, but I wasn't taught to deal with emotion. And dealing with emotion doesn't make you tougher, because all you want to do is take something to forget about it (18), or run away, or move, or go somewhere else. Bullies I could deal with all day long. Dealing with emotion is an unseen bully, it's...you know physical emotion is different from mental emotion. Mental emotion you can't hide from. Physical, you can do whatever, you can fight back or you can run away, but mental emotion you can't. It's there every day when you wake up. You can't hide from it... It's always there...

CE: Bullying you, until you block it out by taking something or....

C: Yeah until you do something to get away from it. Physical you can deal with all day long. You know, I can hit you and say 'don't touch me again', or you know, I can move so that person can't bully me. When it's in here it doesn't go away, it's there when you wake up, it's there when you go to sleep, it's there all the time....It's er....it is a nightmare sometimes. It really is a nightmare. Do you mind if I have a cigarette?

CE: Well I think we'll stop for now because we have had an hour.

C: I didn't even realise I spoke for that long! Christine that's mental. I thought that was a 45 minute tape you see.

APPENDIX IX: 'CHRIS' CODED TRANSCRIPT OF INTERVIEW 3

- CE: Thank you for coming for a third time.
- C: No problem.
- CE: What was the last time like....or do you have any thoughts about the whole experience?
- C: Really good actually, because like I said when I went out for a cigarette I didn't realise that the time had gone, and it was like, you know...it was...it's good...'cause I've got more and more feelings off my chest. And now I've started speaking to more and more people. Not about what my childhood was like, but just about things, whereas I wouldn't talk to anybody before.
- CE: About your thoughts, feelings...
- C: Yeah, just about how I'm feeling. "Oh, I don't feel too good at the moment", whereas before I wouldn't say things, I'd just bottle everything up. And...yeah...it's been a bit different.
- CE: Presumably you didn't do very much of this kind of talking before...
- C: I didn't do any of it. I didn't
- CE: If you ever did, if you said 'I feel x', even to yourself,
- C: To myself yeah.
- CE: What would that be like, if you were to say that to yourself?
- C: If I were to say to myself oh I feel a certain way, it's be "oh pull yourself together" (30), you know, "you don't show emotion, you're not allowed to show emotion, you're not allowed to say you're unhappy or you're feeling down" (28). It was always, everybody would tell you about me that "oh there's C, he's got a smile on his face, always". I always had a smile on my face, even when I felt....like really horrible. I'd always "hi, how are..." big front, huge front. It didn't matter how depressed or sad or upset I was, I would never ever meet someone with "oh, you know I feel like crap", or whatever, or if someone said "how are you?" I'd be like "yeah great, fantastic", really it was I feel like absolute crap....
- CE: What did you imagine, if you were to say those things, what would or do others think about you?
- C: That I was weak and...you know...I wasn't....dunno....like a man.....And that I think all stems from when I was a child being abused. You know, if you tell someone something, then you're weak, that's they abuse you, 'cause I was weak, I didn't fight back, I should have fought back, I should have said no and all this lot (24, 25, 27, 28, 30, 38). And that's where it comes from, and that's why I always say to someone

now "I'm great, I'm fantastic", don't touch me kind of thing, don't ask me anything 'cause I don't want you to know.

CE: It gives you a kind of armour.

C: Yeah, it gives me a shield around me where no-one can penetrate it. And that's I suppose how I've felt for years, is I don't wanna be hurt anymore, and the more I don't tell someone anything, they can't hurt me. If I just keep it all in, no-one can say something horrible to me to hurt me, or nobody can do something to me that's horrible, because they don't know me. If I meet someone it's "I'm great, I'm fantastic, I have a lovely life". And my favourite saying which everybody would say to you is "god I love my life", when I don't, I hate it. But everybody will tell you when they meet me I'm one of them people that...and I say it a lot, I say "god I love my life"

CE: And you're not saying it in a sarcastic way, you're saying it in a way that you're trying to convince yourself that it's true.

C: Yep. And it does...does tend to get to you a few times, you know it's like you say it so many times that you end up believing it (30). You know.....I dunno, its like...another thing, I go from girl to girl to girl because...I suppose trying to prove my manhood, from being abused as a kid. You know, I want all the girls to see I'm not this weak and this horrible person (25), when really I'm running away from all of them because the minute they get to know me, I move on to someone in case they hurt me. And that...that's a worry...that hurts. Because not only am I using them, for my own gain, I'm hurting them as well (25). And that's not fair, I shouldn't do that. And it's...but I've done it for years. I'm slowly getting out of it but...

CE: You imagine that the people who abused you thought you were weak and that's why they did it.

C: Yeah...yeah....yeah.....

CE: How do you think they had that impression?

C: Because I was a scrawny little kid. That's why I made sure that, you know I got bigger joining the army, everything I've done since I was a kid was to prove that I'm a man when really it's not...really I'm just...you know...trying to be as macho as I can so people don't chip away at the surface and figure out that inside there's really a scared little boy still 12 years of age, you know? And er....that worries me, when people get to know me too well. That's why I never, I've never let anybody get to know me. Because I thought that that's what they'd do, is you know, take the piss, but surprisingly the people that have found out lately haven't. And that you know has amazed me a bit. It's been like well hang on a minute "do you actually care?" And they're like "yeah, I do". You know I had one woman I was talking to was in tears. And she was like "that really happened to you?" I was like "yeah", and she said "you must have gone through hell", whereas I thought she'd go "oh....you shouldn't have let it happen to you". Well I was a kid, I couldn't help but let it happen to me. But that's what I thought you know someone would say, and they didn't, it was weird (24, 27).

- CE: Do you think that allowing yourself to be a bit more vulnerable or just own up to feeling depressed, unhappy, that that will have any bearing on your drug use, your drinking?
- C: Mmm. I think it will, because it means that I don't have to hide. And doing drugs and drink is my...it's my rock, I can crawl back under my rock and hide, and no-one can get to me. Because when I'm stoned or drunk, I don't have to worry about what the world feels, or what people think about me. I don't care, because I'm...too inebriated or too high to think about it. And that means that I don't care what anybody thinks. And that I think has been my problem, is like because I've cared what people think...My ex-wife used to say this and I've only just realised now, she said "why do you care what other people think?" And I used to be "what d'you mean?" She be like "well why d'you care", and I'd be like "I don't care", and she'd be like "yeah you do, that's why you like us to be dressed this way and you like us to act this way and you like your daughters to do this", she goes "you care about everything that we do, even when we go out for a Sunday lunch you care how we act and dress". She says "what do you care? People at the next table are never gonna see us again". And I'd be like 'well that's how we should be'. "No we shouldn't, we should have fun, we should...you know, let your daughters enjoy themselves", and I'd be like "no, sit there", you know. And I was always controlling, and the reason I was like that was because I didn't want to be the table next to us thinking anything, when really I shouldn't have given a shit what that table thought about us. And she was right. She used to say like "why do you care what people think?"
- CE: What did you imagine they might think, at the table next to you?
- C: That we were weak. And that's always been my problem, is I care about people thinking I'm weak (28, 30). And then from getting from that they would get all the way down to "he was abused". That's what I care about, is how people perceive, you know, from one little thing. In McDonalds my wife used to say, I still remember her, we used to go into McDonalds with the kids and I'd clean the table up before we sat down, I'd clean the table after we sat down. Everything used to go in the bin. The kids would, you know, play with their toys after their meal, we'd eat off the piece of paper then fold everything up and put it in the bin, then I'd wipe the tables down. And she'd be like "you care about McDonalds more than you care about your own home!" I'd be like "no, I just like people to see that we clean and tidy the place", and she's like "why? They've got people that come over and do that", "well they might think that we're...you know, scum..." and then they might think, in my head, that I've been abused. How I got from that to that, I don't know, but that was how I thought.
- CE: During these interviews, although you told me that you were abused in care, you've not actually said anything about it. And there seems to be a very strong message to me, "don't ask me about it either".
- C: No. I still am not ready for that...I don't think....That.....is kind of like a different...I mean....even I haven't dealt with it yet, I don't think. [Very stilted speech]
- CE: It's hard even to just talk about or refer to, rather.
- C: Like you wouldn't understand. You know 'cause.....like I said, I was a man, it shouldn't have happened.....And all I've done since then is try to prove that and...I

suppose that's where I went wrong. Instead of....I dunno, instead of like dealing with that...I dealt with it the other way which was to hide....to run away.....C I had everything, I had the most beautiful wife, kids, lovely house, job, everything.....And I opened the paper up one day, and inside it was the guy that abused me...you know...for four years. I dropped the paper, I ran out of my work...and.....I went and got drunk for seven, eight days. They found me in x Park with 187 cans of Tenants Super which is the strongest beer, and 71 bottles of vodka around me. They found me eight days later...I was piss wet through...I'd shit myself, erm.....I was trembling in a corner.....And er.....for 20 odd years I'd put it behind me and never spoke about it, never seen the guy...I opened the News of the World and he was in there.....And er.....I lost the plot. I was sectioned after eight days, and er...when I come out my wife and dad, 'cause it was my dad's company, couldn't understand what was going on. And er....I couldn't say anything to my wife...And I turned to my dad and said go and get the News of the World, it's in your work. So he went and got it, he opened it up, he came back. That night he said "it was true what you told me when you was a kid wasn't it?" I said "yeah". And er....my dad started crying, he walked out...he came back a few days later and he said "I'm so sorry I didn't believe you when you was a kid", "cause I told him exactly what was happening, and he told the people that were doing it what had happened. And that night after he left after being there for the weekend I was beaten and raped so bad that the hospital, the doctors that were involved in the paedophile ring had to put me through at night, they took me into the hospital at one o'clock in the morning so that no-one could see me. I had 17 stitches in my backside and...14 broken bones, 'cause this guy had beat me so bad that he couldn't....rape me...because there was so much blood in my underpants and er.....it took me eight weeks to recover.....And from that day I never told my dad a single thing ever again 'cause...he'd cause that.....and this is...six years ago this all started. Went to a solicitors after that, because my wife, in the end found out a bit about it, she said "look you're gotta go to a solicitors and tell them what's happened"....So I did, and the trial started, and the trial's still going on now, and it's the biggest paedophile ring ever in the world. It's in a place called x in x. And the guy who...was running it was x and erm.....but the trouble was I was at a place called [name of children's home/secure unit] which is where...you'll meet someone else that was there [another interviewee]. And it happened there from a guy called x. I told my social worker and they moved me from [secure unit] to [secure unit/children's home] a place in x where it was already happening. And this guy x got away with it for 30 years. Because no-one would speak out. Finally a woman, a matron, spoke out and said look, this is what's happening to these kids. He was arrested and shut down, but...I put it behind me for all those years, and never spoke about it to no-one. Well, 'cause my dad didn't believe me that day, and I was scared that I'd get hurt and beaten again, from...you know, telling someone. And the day I opened the paper it was in the News of the World, it said 'Name and shame these perverts'. And he was the biggest picture in the middle. I just dropped the paper. I didn't know what to say or do. Anyway a few weeks later, after coming out of the hospital and everything, I was just shattered...I was just...my head had gone....I started doing crack and heroin. I met some...not nice people, but they gave me this wonderful drug that took away all the pain, you know. I'd done cocaine before I got married, which was like eight years before that, so 16 years ago, I'd done cocaine and some bits, but nothing much. I was in the army for a while so....didn't touch anything. I'd done some bits and pieces but nothing really. It was only after I saw that paper that... it all went pear shaped. And if I'd have talked about it I'd still be married today...but I didn't, I hid everything.

- CE: You couldn't.
- C: I just couldn't....I couldn't....I just got myself drunk and drugged up every day (17, 18, 46). Started not going to work and...and when I did go to work I'd fall asleep. My dad was like "come on, you can't carry on like this"...I was like "oh fuck you, you let this happen to me" (9)....Before that I was alright with my dad, I was going to play golf with him I was, you know getting on really well with him.. And then this just brought it all back it was like...this is your dad's fault, he could have saved you from all this and he didn't, and I hated him for that. I hated him....With a passion....I hated him so much.....But I miss him. I miss him.....you know, I wasn't the easiest kid and so he probably didn't believe me because I'd told lies before....but I miss him now. And I dunno where he is anymore. And er...it's now that I need him, d'you know what I mean? It's now that I need him to say "look everything will be alright" and stuff. "Cause I've lost my wife, I've lost my kids, and they still don't understand why....."
- CE: It's the first time you've said anything remotely positive actually, about your dad.
- C: Yeah.
- CE: Particularly in the first interview you spoke about how violent he was towards you and your mother.
- C: He's all I've got left C. I don't have any other family, not that I see anyway, that I know (27). Well, apart from my uncle and aunt. I've got cousins but I've only seen them three times in my life you know, we weren't a particularly close family. Last time I saw my cousins was at my mum's funeral.....And that was only 'cause I knew my dad.....
- CE: So even when you went into these care homes, you still had contact with him and he came to visit you.
- C: Yeah not very often but he still came.....
- CE: There was some sort of a relationship.
- C: Yeah.
- CE: And you obviously hoped he would help you.
- C: Yeah, I did.....I thought he's gonna be my shining knight on this big horse, he's gonna ride in and take me home again. And he never did. He never came and got me. And when I did tell him what was happening he told them.....He never helped me.....And afterwards he felt so guilty that he bought me and my wife house after house after house. We moved, we moved, and each time we went somewhere I'd get in trouble, I'd carry on drinking, and end up like him (25). I owed money, and we'd move. And I ended up just like my dad. And that annoyed me 'cause I always swore that I'd never do what my dad did. I'd never leave my kids I'd never...you know get drunk, I'd never end up with debts places, or you know...do things....and I did exactly what he did.....

- CE: Even though you only started using heroin and crack six years ago, after your breakdown, you had been drinking to manage things since...
- C: Since 13, 14.....But the drink was only numbing it so long...’cause when you woke up you were sober again. The drugs seemed to do it a lot more...the drugs used to...you know, block things out for days rather than the drink was hours....And so it was drugs that I chose.....
- CE: It’s no wonder really that you haven’t been able to speak of it given that when you did tell your dad finally what was going on, it was just disastrous. Things became even worse, beyond anything you could imagine.
- C: Exactly.....You can’t imagine what happened.....I don’t.....sometimes I don’t even believe in my head it was true because it was that bad....but it was true because eight years ago I had to go into hospital and have anal warts removed that were so bad, the doctor said that...my cavity had closed up...I couldn’t actually go to toilet anymore. He said “well how long have these been here?” I said I’d first felt them when I was like 14, 15. He said “you’ve had these here for 20 years?” I said yeah. And I went into the operating room that day. And er...the doctor was horrified, what I told him. And I said “look, that was what happened”....I told the police this, everybody knows, like the police, solicitors and all that. I’ve had counsellors that I’ve had to go and tell the truth to, I’ve had to go for anal cavity searches and....it’s been degrading, what I’ve been through. It’s like a woman does when she’s been raped. It’s degrading. And you don’t get believed. And it’s like look I never came forward, I didn’t wanna do this, so why are you not believing me now that I’ve been told to come forward?.....So that’s why I never wanted to come forward in the first place, because I knew you didn’t get believed for things like this. But now it’s like...I’ve got mums and dads of kids that have hung themselves from what’s happened, coming forward to me saying “look, you’re compos mentis you’ve got to go to court and prove he did all this”. And I’m like “no, you can’t put that on my shoulders. You can’t tell me that because x is dead that I’ve got to go and do this”. And then I get the insurance company telling me “oh you’re only doing this because you want part of the twelve million”. I don’t want any of the money, I’m not interested in the money, I just don’t want this guy to ever be able to do it to another boy again. But yet the insurance company “oh you’re a liar, this never happened to you...you just want that money, everyone’s gonna get six hundred thousand, you want some of it”. I don’t want your money, give it to charity, I don’t care about the money. D’you think you’re gonna give me money so I can become a prostitute? No....I never rented myself out as a kid, I was taken.....But no, they don’t care, they just throw things at you....and it’s sick.....It’s absolutely sick. And now I haven’t got my mum to help me, you know (27)? If my mum was alive now she would know what to do. She would have...you know...she never knew, I never told my mum what happened, because she would have thought it was her fault (40). Because she stabbed me, she was the one that got me into care. And so I never told my mum because she would have thought it was her own fault, so I never told her.....But I thought my dad would protect me and he didn’t.....
- CE: Is there a part of you that asks yourself why she didn’t protect you more?
- C: Mmm. All the time.....My mum.....she was a lovely woman, but to her, giving me twenty quid to get rid of me was her idea of...you know...love. “Here you are, here’s twenty quid, go and do something”. From my earliest memories,

"here's a fiver, go and do something". Alright, she was on her own and that, and she had to deal with a lot with my old man coming home drunk all the time but...all she ever done is get rid of me.....I used to do anything I could to get in trouble just so I could get noticed, you know? Even my dad coming home and smacking me with a belt....just so he would notice me. I didn't care, go on, hurt me...just so that afterwards you know, you know I'm here.....

CE: You have referred to several people who do know now what happened to you, even if they are medical people or the police, people involved in trying to bring this man to justice. But it seemed to me that you also need to tell people as well...you had to get it out of you.

C:D'you know how hard it is to talk about stuff like that....it is.....especially...I don't know, especially for a man...I suppose it's hard for a woman to talk about rape, I don't know.....I just don't like the idea of saying I was raped, and not just once you know....you know, people that have been raped once still go through exactly what I'm going through but...I got raped repeatedly over years.....and I shouldn't have let it happen. Simple. But...like some of my friends that killed themselves to stop it happening, I didn't.....and maybe that's where I'm weak.....maybe that's where I'm a coward, I couldn't kill myself to stop it happening.....

CE: You almost did several times with drugs, you said you had overdosed many times, particularly after your mother died....As if part of you at least was trying to kill you.

C: Yeah.....yeah.....

CE: But another part perhaps that tells you it wasn't your fault, that you were a child and couldn't protect yourself, and nobody else did who should have...

C: ...You know I've got...I've got to the stage where I think to myself that....people that know are saying to me "oh come on, get over it, just pull yourself together and just get on with life". And it's like well hang on a minute I can't. I'm in pain, I'm hurting.....And I think that if people know they're just gonna go "oh look, so it happened, you were young, get over it, get on with your life". "Well excuse me, hang on a minute, d'you know what it's like" "Well it can't be that bad", "well it is".....

CE: That sounds like a conversation that goes on in your head.

C: All the time.....all the time.....(28, 30)...It's like.....I don't even know sometimes when I'm talking to myself but I do...I have that conversation before I say to anybody else about something.....And usually the outcome is don't bother telling them, so I don't, because I don't want them to know. There's some things I could tell you about what went on when I was a kid.....I don't know if I'm ready.....I don't know if it's gonna hurt too much....and that's what I'm scared of. I'm scared of opening floodgates that I don't know how to control.....

CE: And of breaking down.

C: Yeah.....

- CE: Do you recall anything about those eight days when you went missing and were drinking and,
- C: All I remember is that every five minutes I had the same picture in my face and it was that page I opened...and it was just his face...every five minutes I would move and his face would appear. I don't remember much else.....I don't remember being drunk, I don't remember actually being in the park, I don't remember being found, taken to the nearest hospital....I don't remember my family turning up.....You know they must have been worried sick...I'd just walked out...but I can understand how people go missing now...'cause if I hadn't been found, I think I would have gone missing. I think I would have lost that life behind...and never looked back...because oh it had been breached, it had been broken, my secret's out, I've gotta go.....It's really...it's like a weird feeling I have that...when people get too close to me they're gonna know me, and then all my secrets are gonna come out and that's it, I can't have that so I'm gonna move on. When really I don't wanna. I don't wanna go, but I've got to, I've got to move, I've got to get out of it.....it worries me.....it worries me....
- CE: That you'll always keep moving.
- C: I don't want to C. I'm tired of moving. I'm tired of running. I'm tired of having no friends when I get somewhere.....I'm tired of rebuilding all the lies that I have to tell, starting again...'cause you tell so many lies that...you know sometimes you forget what lies you've told about lies. You're just oh, when can I just tell the truth? When can I just go...this never happened, this did happen, that didn't happen...and you can't remember what you've told someone, you can't remember how you've told them, you can't remember if you've told that person the same as that person....and it's like oh god, when can I just say that...look...I'm not a travelling salesman, I'm on the run because I'm fed up of telling people that I'm perfect when I'm not. I'm a scared little boy still running from when he was 12 years of age.....When can I just turn round and go [cries] "I've had enough, I don't wanna go anymore, I don't wanna move anymore, I just....."
- CE: You said during the last interview that there were things that you didn't want to tell your wife because you were afraid that she would use them against you, and that when you told other people things about yourself, that had happened to you, you would then need to move on... you imagined people might use the things you tell them against you,
- C: Yeah, just calling me names, saying that...you know...I was weak, I'm not a man, I'm this, I'm that....(28) you know it shouldn't happen to men, it shouldn't....alright I'm not saying it should happen to women but...you know a man's not meant to be hurt or.....you know you're meant to have two loving parents, they're meant to look after you.....I'm scared people will slag my mum off, I'm scared they'll say nasty things about my dad, I'm.....in my world they're great....when they weren't...but in my world they're all I had.....you know, they were mine.....I'm scared people will take that away from me.
- CE: I think that's the danger of talking about them, isn't it, like with me; I have pointed out, I've said to you today didn't you ever feel that you wished your mum could have protected you more. And that will in some way shatter an illusion that she was wonderful and did everything possible to,

- C: Yeah but I know that it's true, and it...you know...I've gotta come to terms with it, but I don't want to, you know? I still have this woman up on a pedestal. She was my mum C...she was meant to look after me.....She let me down.....(41) just like I'm doing to my kids....and I never wanted to do that.....I don't know if I can ever....like.....not forgive her but....I don't know if I can ever forget what she's done....but then was it my fault that...I misbehaved so much that she acted like that that got me sent into care so...every time I think about it, maybe it was my fault to start with, you know, maybe I misbehaved as much as I did so that when she did stab me she was at the end of her tether, you know? Maybe I pushed her to it. Maybe I caused it, maybe she was wonderful after all. You know, maybe it was my fault that she done what she done.
- CE: I suppose if you conclude that it was your fault, then she can as you say stay wonderful can't she, and that's just so important.
- C: Yeah. Yeah. So maybe it was my fault, that I done all that, that I pushed her to stab me. Can you push someone hard enough that they stab you? I don't know. I'll never be able to answer that. I certainly couldn't stab one of my kids, but.....maybe I pushed my mum so hard that she had to...I don't know [cries]...I just don't wanna lost her on a pedestal.....Can I have a quick fag please C...I can't.....
- CE: Well we will stop there actually, we have been talking for almost an hour. Thank you very much.

I stopped the tape, and this seemed a great relief to C. He was very keen to continue talking about the things that were stirred up by this process, and I agreed, on his request, to talk to his keyworker in a local drug service to discuss options for further support/therapy.

APPENDIX X: SUMMARY OF RAW DATA

External Factors across AAI's

	Parental absence			
	One parent is actually absent, interviewee is raised by other parent	Absence of one or both parents is perceived (rather than actual)	Interviewee is taken into care for a period	Interviewee is left with a relative for a period
1	x	✓	✓	x
2	x	✓	✓	x
3	x	x	x	x
4	x	✓	✓	x
5	x	✓	✓	x
6	x	x	x	x
7	x	✓	x	x
8	✓	✓	x	x
9	X	x	✓	x
10	X	x	✓	x
11	X	✓	x	✓
12	✓	x	x	✓
13	X	x	x	x
14	✓	x	✓	x
15	X	✓	x	x
16	X	✓	✓	x
17	✓	x	x	✓
18	✓	x	x	x
19	✓	✓	x	x
20	X	✓	✓	x
21	✓	x	✓	x
22	X	✓	✓	✓
23	X	✓	x	x
24	✓	x	x	x
25	✓	x	✓	x
26	X	✓	x	x
27	✓	✓	✓	x
28	X	x	x	x
29	X	x	x	✓
30	x	x	x	x
31	x	x	x	x
32	✓	x	x	x
33	✓	x	x	x
34	x	x	x	x

	Violence/cruelty					
	Interviewee is subject to violence by parent/s or caregiver/s	Interviewee is subject to cruel treatment by parent/s or caregiver/s	Interviewee witnesses violence towards a parent	Interviewee witnesses violence between parents / caregivers	Interviewee indicates feeling full of rage	Interviewee is violent
1	✓	✓	X	X	✓	✓
2	✓	✓	X	X	X	X
3	✓	✓	X	✓	✓	✓
4	✓	✓	X	X	✓	X
5	✓	✓	✓	X	✓	✓
6	✓	✓	X	X	✓	✓
7	X	X	X	✓	✓	✓
8	✓	X	✓	✓	X	X
9	✓	✓	X	✓	✓	X
10	✓	✓	✓	✓	✓	✓
11	X	X	X	X	X	X
12	✓	✓	X	X	X	X
13	✓	✓	X	X	✓	✓
14	X	✓	✓	✓	✓	✓
15	✓	X	X	X	X	X
16	✓	✓	X	X	✓	✓
17	✓	✓	✓	✓	X	X
18	X	X	✓	✓	✓	X
19	✓	✓	✓	✓	✓	✓
20	✓	X	X	✓	X	X
21	✓	✓	X	✓	✓	✓
22	✓	✓	X	✓	✓	✓
23	✓	X	X	X	✓	X
24	✓	X	X	X	✓	✓
25	✓	✓	✓	✓	X	X
26	X	X	X	X	X	✓
27	✓	✓	X	X	X	X
28	X	X	X	X	X	X
29	X	X	X	X	X	X
30	X	X	X	X	X	✓
31	X	X	X	X	X	X
32	✓	✓	✓	✓	X	X
33	✓	X	X	X	X	X
34	X	X	X	X	X	X

	Misc		
	Interviewee reports committing crime	Interviewee reports stealing from parent/s or caregiver/s	Interviewee's basic needs are not met/there is a lack of basic safety
1	✓	X	✓
2	X	X	✓
3	✓	X	✓
4	✓	✓	X
5	✓	X	✓
6	✓	✓	✓
7	✓	✓	X
8	✓	X	✓
9	✓	X	✓
10	✓	✓	✓
11	X	X	X
12	✓	X	X
13	✓	X	X
14	✓	X	X
15	✓	✓	X
16	✓	X	✓
17	✓	X	✓
18	✓	X	X
19	✓	X	X
20	X	X	X
21	✓	✓	✓
22	✓	X	✓
23	✓	X	✓
24	✓	X	✓
25	✓	X	✓
26	✓	X	X
27	✓	X	X
28	✓	✓	X
29	✓	X	X
30	✓	X	X
31	✓	X	X
32	✓	X	✓
33	✓	X	✓
34	✓	✓	X

	Contact with own children		
	Interviewee's own child/children have been taken into care	Interviewee's own child/children are left with other parent	Interviewee has no contact with own child/children
1	N/A	N/A	N/A
2	N/A	N/A	N/A
3	N/A	N/A	N/A
4	N/A	N/A	N/A
5	N/A	N/A	N/A
6	N/A	N/A	N/A
7	X	X	X
8	N/A	N/A	N/A
9	X	✓	✓
10	X	✓	✓
11	N/A	N/A	N/A
12	X	✓	X
13	N/A	N/A	N/A
14	N/A	N/A	N/A
15	N/A	N/A	N/A
16	X	✓	X
17	N/A	N/A	N/A
18	X	X	X
19	N/A	N/A	N/A
20	N/A	N/A	N/A
21	X	✓	X
22	✓	✓	✓
23	X	✓	✓
24	N/A	N/A	N/A
25	✓	✓	✓
26	X	✓	X
27	X	✓	X
28	N/A	N/A	N/A
29	X	✓	X
30	X	✓	X
31	N/A	N/A	N/A
32	N/A	N/A	N/A
33	✓	✓	X
34	N/A	N/A	N/A

Explanations for drug use

	Is an attempt not to think about one's situation	Helps interviewee promote or block out a particular affective state	Means of getting comfort	Boredom	Enjoy sensation	Peer pressure/ 'to fit in'
1	✓	✓	X	✓	✓	X
2	✓	✓	✓	X	✓	X
3	✓	✓	✓	X	X	✓
4	✓	✓	✓	X	✓	✓
5	✓	✓	✓	X	✓	✓
6	✓	✓	✓	X	✓	X
7	✓	X	X	X	✓	X
8	✓	✓	✓	X	✓	✓
9	✓	✓	X	X	X	X
10	✓	✓	X	X	X	X
11	✓	✓	✓	✓	✓	✓
12	✓	✓	✓	X	X	X
13	✓	✓	✓	X	X	X
14	✓	✓	✓	X	✓	X
15	✓	✓	✓	X	X	X
16	✓	✓	✓	X	✓	X
17	✓	✓	✓	X	✓	X
18	✓	✓	✓	✓	X	X
19	✓	✓	✓	✓	X	X
20	X	X	X	✓	X	X
21	✓	X	✓	X	✓	X
22	✓	✓	✓	X	✓	X
23	✓	X	X	X	✓	X
24	✓	✓	✓	X	✓	X
25	✓	✓	✓	X	✓	✓
26	✓	✓	✓	X	✓	✓
27	✓	✓	✓	X	✓	X
28	✓	✓	✓	✓	✓	X
29	✓	✓	✓	✓	✓	✓
30	✓	X	X	✓	X	X
31	X	X	X	✓	✓	X
32	✓	✓	✓	X	X	X
33	X	X	X	X	X	✓
34	X	X	X	✓	X	✓